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ABSTRACT

This workbook, the third in a series of "Prevention Plus" publications, provides a step-by-step approach to assessing alcohol and other drug prevention programs at the school and community level. Program assessment is presented according to a four-step model: (1) goal and desired outcome identification; (2) process assessment; (3) outcome assessment; and (4) impact assessment. The workbook contains several major sections. The first two sections describe the logic of program assessment, the basic four-step approach to assessment, and the benefits and some of the costs and fears of program assessment and evaluation. The section on prevention describes basic concepts of prevention and discusses problems and recommendations in prevention programming and special considerations in evaluating prevention programs. The section on program assessment plans describes the plan for collecting information about program effectiveness and the degree of confidence with which the information can be interpreted. Pre-program assessment, post-program assessment, and other aspects of program assessment design are discussed. The next two sections on using this workbook provide: (1) an overview of the four-step worksheets and steps in preparing a report; and (2) two examples of program assessment using the worksheet modules. The next, and by far the longest, section is devoted to specific worksheets to be used in evaluating any of 50 types of activities that are commonly used in alcohol and other drug prevention programs. Examples are provided and directions are given for getting started on program assessment. The last section concerns assessment measures; it includes questionnaires and survey instruments that can be used to measure the program outcomes and the impact the reader hopes to achieve from local prevention programs. A list of clearinghouses, specialized information centers of national organizations, and Department of Education Regional Training Centers is included. (LLL)

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Office for Substance Abuse Prevention

Prevention Plus III

Assessing Alcohol and Other Drug Prevention Programs at the School and Community Level

A Four-Step Guide to Useful Program Assessment

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ALCOHOL AND OTHER DRUGS
Don't Start!

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Prevention Plus III

Assessing Alcohol and Other Drug Prevention Programs at the School and Community Level

A Four-Step Guide to Useful Program Assessment

by
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U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

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Prevention Plus III is an adaptation of a program evaluation workbook developed in 1989 by **Jean Ann Linney**, **Lawrence McClure**, and **Abraham Wandersman** of the Department of Psychology, University of South Carolina, with **Debi Starnes**, **Terrie Sterling**, and **Mary Cobbs** of the Southeast Regional Center for Drug-Free Schools and Communities. The worksheets herein are new and tailored to meet the needs of school and community personnel who want to assess their own programs. Many of the assessment concepts presented are not new but are the essentials of program assessment and program evaluation.

The previous volume in this series, *Prevention Plus II*, offers prevention planners details on implementing various types of prevention programs in their communities. OSAP's Radar Networks, listed in Appendix A, can provide communities with further expertise in alcohol and other drug problem prevention.

The publication was prepared for publication by the Office for Substance Abuse Prevention (OSAP) by the Division of Community Prevention and Training (DCPT), OSAP, under the guidance of Darlind J. Davis, the Acting Director of DCPT, and Leonard Epstein, Public Health Advisor.

The presentations herein are those of the editors and developers of this manual. They may not necessarily reflect the opinions of OSAP, the Alcohol, Drug Abuse, and Mental Health Administration, the Public Health Service, or the U.S. Department of Health and Human Services.

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Foreword

The Office for Substance Abuse Prevention (OSAP) is offering the third in its continuing series of *Prevention Plus* publications, *Prevention Plus III: Assessing Alcohol and Other Drug Prevention Programs at the School and Community Level*. This publication represents a major step forward, making available up-to-date tools and techniques for alcohol and other drug (AOD) prevention planning and implementation. School and community leaders now have a resource that will enable them to assess the soundness and effectiveness of their prevention efforts.

OSAP continues to work to demystify the evaluation process; we recognize that program directors, staff, teachers, and community activists must understand the concepts and principles of accurate evaluation and that they must participate in the evaluation process. *Prevention Plus III* was developed with these ideas in mind.

Communities are closely examining their efforts and posing tough questions about performance: "Does our program meet its objectives? Are we really reaching the group we've set out to serve?" This manual, which was originally prepared and distributed by the 1989 Southeast Regional Center for Drug-Free Schools and Communities, has already been used by hundreds of programs to come up with an answer to just such questions. Written in nontechnical language, it provides practical guidance for conducting both process and outcome assessments and it contains a substantial number of prevention strategies that are currently being used in schools and communities nationwide. OSAP is pleased to bring this guide to a wider audience.

Elaine M. Johnson, Ph.D.
Director
Office for Substance Abuse Prevention

Table of Contents

Foreword . . . iii

Acknowledgments . . . vii

Introduction . . . 1

Definitions of Workbook Terms . . . 3

Street Drug Terminology . . . 5

What Is Program Assessment? . . . 7
  Overview . . . 7
  A Four-Step Model of Program Assessment . . . 10

Why Do Program Assessment? . . . 15
  Benefits of Program Assessment . . . 15
  Costs and Fears of Program Assessment . . . 16

Prevention Concepts . . . 19
  Categories of Prevention Programs: Why They Might Work . . . 20
  Research on Prevention Programs . . . 24
  Problems and Recommendations in Prevention Programming . . . 25
  Special Considerations in Evaluating Prevention Programs . . . 27

How To Measure Program Outcome and Impact: Program Assessment Plans . . . 29
  Outcome Assessment . . . 29
  Impact Assessment . . . 32
  Summary of Program Assessment Plans . . . 34

Using the Workbook To Assess Your Own Programs . . . 39
  Overview of the Four-Step Worksheets . . . 40
  Summarizing the Assessment and Preparing a Report . . . 52

Working Through Some Examples . . . 55
  Example 1: An AOD Information Program . . . 55
  Example 2: Parent Training Program . . . 64

Getting Started on Your Own Program Assessment . . . 75
  Program Assessment Worksheet Modules . . . 76

Assessment Measures . . . 353
  Introduction . . . 353
  Informed Consent and Confidentiality . . . 354
  Sample Measures . . . 357

Appendix A—RADAR Network . . . 435

Selected Bibliography . . . 459

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Introduction

Alcohol and other drug problems have become a major priority in our communities. As a result, many prevention programs have been formulated and implemented at a local level in our schools and communities. Assessment and evaluation efforts are needed to show whether these programs work and also to improve existing programs. This workbook provides a step by step approach to assessing alcohol and other drug prevention programs at the school and community level.

Thousands of prevention programs and activities are being implemented across the country in small towns, suburbs, and major urban centers. These programs often operate with limited resources, may be coordinated by professional and community members who volunteer their talents, and rarely can devote many resources to program assessment. Increasingly, these programs need to assess their activities in order to make decisions about allocation of limited resources, program enhancement, etc. This workbook was developed for use in such program assessments. However, it was not intended to be a handbook to use in conducting sophisticated evaluations of model research and demonstration programs that test theories and hypotheses.

This workbook can be useful to community partnership programs and coalitions that want to assess and document their individual activities. James E. Rivers, Ph.D., Deputy Director of the University of Miami Comprehensive Drug Research Center, says, "I have integrated this product into the evaluation component of Miami's Community Partnership program. With very little modification, the materials will provide what we need and will save us hundreds of hours of development time."

We believe that program assessment can be useful in documenting programs and their effects and in improving the programs. Yet, many people who are being asked to do a "program evaluation" as part of their many tasks feel unprepared to do it. Therefore, there is an urgent need to provide information to school and community personnel on how to document their program and its possible effects.

We are explicitly taking the stance that personnel in schools and communities are *not* being asked to perform expensive, in-depth program evaluation or evaluation research. Instead, we expect that they are being asked to document their programs and their effects. Therefore, we have boiled program assessment down to a basic four-step model: (1) goal and desired outcome identification, (2) process assessment, (3) outcome assessment, and (4) impact assessment.

While it is not possible to eliminate the time or resources it takes to do program assessment, we have tried to reduce the time it takes by keeping to the basics. Even more important is our philosophy: **useful assessment—making assessments useful, not shelf-sitters.**

Program Assessments can be useful for several purposes:

- *Program management*—To provide ongoing feedback on the implementation of programs and on areas that need improvement.
- *Resource management*—To eliminate ineffective strategies and to put resources of time, energy, and money into effective strategies and programs.
- *Accountability*—To obtain more money and to keep existing funding

Our goal is to help you develop assessments that are *usable* and *useful*—that is the major purpose of utilization-focused program evaluation and that is our philosophy of program assessment.

For many, this may be the first time doing a program assessment. Our perspective is to work from the simplest type of program assessment (after-program only) toward more elaborate program assessments (e.g., before program-after program comparisons) in successive attempts. We think that the more familiar you become with the information a program assessment can give you, the more you will want to know about how your program works and its effects.

An earlier edition of this workbook was field-tested by school and community personnel. We asked them for feedback. Their major comment was: "It works!" We have incorporated their feedback and suggestions into our revisions for this edition.

The workbook contains several major sections:

- **What is Program Assessment**—Describes the logic of program assessment and a basic **four-step** approach to assessment. This section addresses the benefits and some of the costs and fears of program assessment and evaluation.
- **Prevention**—Briefly describes basic concepts of prevention and includes programming and special considerations in evaluating prevention programs.
- **Program Assessment Plans**—Describes the plan for collecting information about program effectiveness and the confidence with which the information can be interpreted. Before (pre)-program assessment, after (post)-program assessment and other aspects of program assessment design are discussed.
- **Using the workbook to evaluate your own programs**—This is the heart of the workbook. **Please do not be alarmed by the thickness of the workbook.** Much of the workbook is devoted to specific worksheets to be used in evaluating any of 50 types of activities that are commonly used in alcohol and other drug prevention programs.
- **Assessment measures**—Includes questionnaires and survey instruments that can be used to measure the program outcomes and impact you hope to achieve from local prevention programs.

Definitions of Workbook Terms

AOD—Alcohol and other drugs

DUI—Driving under the influence of alcohol or an illicit substance

DWI—Driving while intoxicated

Goal—Broad, general statements concerning what a program intends to accomplish, e.g., raise awareness of youth alcohol and drug use (see page 10 for more information)

Impact assessment—Examining the extent of broad, ultimate effects of prevention programs, i.e., decrease in the rate of DUI (see page 13 for more information)

Objective—Specific statements describing what will be accomplished, by when, for whom, and how success will be measured (e.g., "to increase all high school seniors' knowledge of alcohol and drugs by at least 20 percent by June 1, 1989")

Outcome—Ways in which the participants of a prevention program could be expected to change at the conclusion of that program (e.g., was there an increase in knowledge or a predictable change in attitudes, beliefs, etc.?)

Outcome assessment—A process for assessing the short-term effects of an intervention on an identified, defined population (see pages 12–13 for more information)

Process assessment—Describing and documenting what actually was done, how much, when, for whom, and by whom during the course of a program

PSA—Public service announcement, including radio or television public service messages

Target group—Persons, organizations, communities, or other types of groups the prevention program is intended to affect (see page 11 for more information)

Street Drug Terminology

Some individuals know only street terminology for the drugs they use. Thus it is useful for educators and others to learn the most common street terminology. These are excerpted from the third edition of the *Dictionary of Street Alcohol and Drug Terms* (see full reference below). Those wishing to stay informed about new street terms should contact their RADAR (Regional Alcohol and Drug Awareness) Network Center (see Appendix A).

Amphetamine (and amphetamine-like compounds): Black beauty, candy, double cross, jelly bean, speed, upper, white cross

Benzodiazepine: downer, lib (Librium), mother's little helper, tranq, V (Valium)

Barbiturate: blue, Christmas trees, downer, M&M, peanut, red and blue, red devil, sleeper, yellow jacket

Cocaine: blow, dust, eight ball (3.55 grams), girl, lady, nose powder, pimp, sniff, snort, snow, toot

Smokable Cocaine: base, crack, eggs, freebase, fries, rocks

Heroin: black tar, brown sugar, crap, dirt, flea powder, H, hard candy, joy powder, scag, smack, speedball (cocaine and heroin injected), white horse, whiz bang

Lysergic Acid Diethylamide (LSD): acid, blotter, double dome, (orange or purple) haze, microdot, pane (a clear piece), tab, trip, yellow sunshine

Marijuana: Christmas tree (cheap MJ), Colombian, doobee, gold, good shit, herb, joint, Maui wowee, pot, red-haired lady, sen (sinsemilla—potent variety), sezz (sinsemilla), stick, stone, tea

Mescaline (hallucinogen from cactus): beans, cactus, chief, mesc, peyote

Methamphetamine: crystal meth, speed, water

Smokable Methamphetamine: ice

Methylamphetamine Derivative (hallucinogenic stimulant): DOM, STP

  Methylated MDA: Adam, Ecstacy, MDMA, XTC

Miscellaneous Drugs:

  Inhalant: huff, poor man's pot, sniff, Whiteout

  Isobutyl Nitrite (legal inhalant): aroma of men, hardware, poppers, rush, snappers

Lookalike: drugs that are fake and designed to look like another, more expensive drug may contain dangerous drugs

Nitrous Oxide (laughing gas): whippets (propellant in spray can of whipping cream)

Phencyclidine (PCP): angel dust, Hinkley, hog, loveboat, Shermans, wack

Psilocybin/Psilocin (hallucinogen from mushroom): mushrooms, shrooms, silly putty, simple Simon

Source: Johnson, N.P.; Davis, C.W.; and Michels, P.J., eds. *Dictionary of Street Alcohol and Drug Terms.* 3rd ed. University Printing, 1988. p. 163.

What Is Program Assessment?

Overview

What do we want to accomplish?
What are we doing to accomplish it?
What have we accomplished?

This is what program assessment is about:

- Identifying goals and desired outcomes (Step 1)
- Describing what activities have taken place to accomplish goals and outcomes (Step 2)
- Describing what changes have taken place, whether the goals and outcomes have been accomplished (Steps 3 and 4)

While there is a whole field of program assessment and evaluation research, we will provide you with a straightforward, basic **four-step** model of program assessment. We are interested in helping you become comfortable with the idea of program assessment and how it can be useful to you.

Program assessment is not designed to be judgmental or to assess personal competence or individual performance. In general, assessment is designed to *verify, document,* and *quantify* activities and their effects. Often, program staff believe that a program works. They know this through common sense, observations, or experience. Despite the fact that these anecdotal methods have some validity, it is important that we go through more structured steps to

- **Verify**—Often, common sense turns out to be wrong. There are many cases where what seems to make a lot of sense may not in fact be the case when you get it down to black and white.
- **Document**—Even if we think we know what we are doing, it is important that we be able to show this to other people who do not have the same experience or opportunity to observe—whether it is funding agencies, other practitioners in the area, or lay audiences. There are a variety of groups of people who need to be convinced (policymakers, for example) that what we "know" can in fact be documented.
- **Quantify**—While we may have some general knowledge of what is going on, it is important to put some numbers behind this to know exactly what the extent of the problem is. For example, you may know there is a problem with alcohol use in the eighth grade but

> not know exactly how many eighth graders are drinking. Surveying eighth graders with a drug usage questionnaire would provide the information you need to verify, document, and quantify student drinking. Additionally, the information would help in planning intervention and could serve to motivate and involve others in your prevention effort. Once a program has been established and stabilized, resurveying the same students would produce comparison data to see if changes in drinking behavior have occurred. When people—and you!—see these numbers in black and white, it is harder to deny what is going on as well as easier to determine the effects of your prevention efforts. Assessment during the life of your program provides you with ongoing feedback that can be used in program development.

Before outlining the basic **four-step** model of program assessment, it is important to point out that programs should exist in response to some identified need. The beginning stage—when you are determining what the problem is and how to plan prevention activities to address it—is best accomplished by conducting a *needs assessment.*

A needs assessment identifies the extent and type of existing problems in the community, the services available, and the unmet needs. In even simpler terms, a needs assessment is a process to determine the need, which can be defined as the gap between the problem and existing efforts, resources, and programs to deal with the need. This workbook will not train you in how to conduct a needs assessment. However, such an assessment is an important first stage in planning a program and preparing for an assessment. *Prevention Plus II,* published by the Office for Substance Abuse Prevention (OSAP), provides additional information on needs assessment and the next phases in prevention programming, which we will call *program planning and implementation.*

Program planning and implementation include the development of goals, development of objectives, identification of resources, identification of funding sources, assignment of leadership tasks, and implementation. This is followed by a *program assessment,* which tells you what actually happened and provides you with ideas about how to further strengthen your program planning and implementation.

OSAP and other agencies have adopted and promoted the use of logic models for assessment. The logic model has been used to help in the assessments of several grant programs of the Office for Substance Abuse Prevention. The principal purpose of the logic model is to show, on one piece of paper, the logical connections between the conditions that contribute to the need for a prevention program in a community, the activities aimed at addressing these conditions, and the outcomes and impacts expected to result from the activities (Sevick 1990).

The logic model is a graphic representation of the entire prevention program. It often consists of four columns, and each column consists of several circles. Each circle contains one condition, activity, or outcome, and the circles are linked together with lines that show the logical relationships among them. The relationships among circles show the sequence of intended events that occur as a result of program activities. The first column presents the conditions, which consist of the individual risk factors, community problems, or interorganizational difficulties that the program wishes to address. The second column shows the activities that address each condition; one or more activities can aim at solving each of the conditions. The third column displays the immediate outcomes that result from the activity (e.g., changes in knowledge or attitudes of the clients, organizations, or the community for which the activity is aimed) and intermediate outcomes (e.g., individual behavioral changes, or changes in regulations, legislation, or organizational relationships). The fourth column usually presents the final outcomes of the program, and the impacts on the community. Usually, final outcomes will have to do with lowering alcohol and other drug abuse in the community. Impacts involve other related consequences of lowered substance use, such as lower crime and better health.

The four-step program assessment approach presented here corresponds well with this model. Figure 1 illustrates the relationship between the logic model and the four-step approach to program assessment. Steps 2, 3, and 4 of the four-step approach are virtually identical to the activities, outcomes, and impact or final outcomes stages, respectively, of logic models.

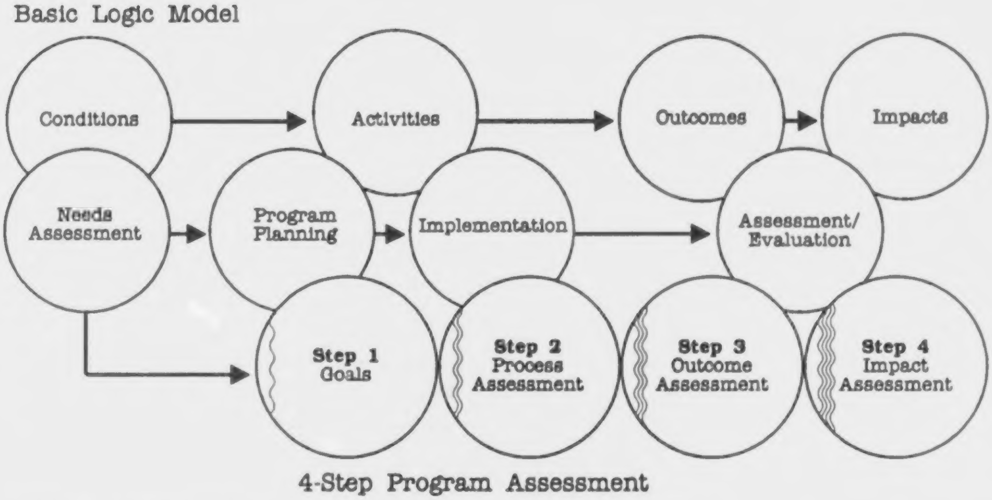
Basic Logic Model
Conditions
Activities
Outcomes
Impacts
Needs Assessment
Program Planning
Implementation
Assessment/ Evaluation
Step 1 Goals
Step 2 Process Assessment
Step 3 Outcome Assessment
Step 4 Impact Assessment
4-Step Program Assessment

Figure 1. Logic Models and the 4-Step Program Assessment Model

A Four-Step Model of Program Assessment

Step 1. Identifying Goals and Desired Outcomes

What were the primary goals of the project?
What did you hope to accomplish?

In this step, you describe

- The *primary goals* of your program(s), such as increasing knowledge about drugs, increasing parent involvement in the schools, or increasing barriers to drug use.
- *Target group(s)* of your program. Who are you trying to reach (e.g., teachers, minorities, parents, general public)?
- What *outcomes* were desired? What did you hope to accomplish?

Some properties of a well-formulated goal or desired outcome

1. Clearly defined and specific
2. Realistic and attainable
3. Measurable

Step 2. Process Assessment

What did you do?

In this step you describe the activities undertaken to accomplish an objective or to bring about the desired outcome.

Purposes of Process Assessment

1. Monitoring your activities helps *organize program efforts.* It (a) helps prevent parts of the planned program from being forgotten or neglected, (b) helps the program use resources where they are needed (for example, not spending most of your money on only one activity or target group), and (c) provides information to help manage the program and change or add to activities.

2. The information in a process assessment provides data for *accountability* to any parties interested in your efforts (e.g., administration, funding sources).

3. A process assessment provides information relevant to *why the program worked* or did not work. By providing information on what was done and who was reached, you can know reasons for achieving outcomes or not achieving them. Similar procedures can then be used in the future. The description can also be useful to share with other schools or local education agencies who may want to perform similar programs.

4. A process assessment can help you decide whether or not you are *ready to assess* the effects of your program. For example, if a program has been in existence for only a short time and you have implemented only the first activity of a seven-activity program, then it is unlikely that successful outcomes would be reached. Therefore, it may be premature to assess the outcomes of your program.

Conducting a Process Assessment

A process assessment centers around two related sets of issues: (1) target groups and (2) intended and actual activities of the program.

Target groups. Who were the intended target groups? Was there a priority ordering of groups to be influenced by the program?

Target groups can be described by position (e.g., teacher, student), by demographic characteristics (e.g., age, sex, race, socioeconomic status), or by psychological characteristics (e.g., attitudes, self-concepts, life skills).

Activities. There are important questions that need to be asked about the activities: *Who* was supposed to do *what* to *whom* and *when* was it to be done?

- *Who* refers to the staff that deliver the services. How many staff? Which staff? What kinds of qualifications and training do they need to carry out the services.
- *What* refers to what the staff are asked to do (e.g., hold classes, show movies, model behavior).
- *Whom* refers to the target groups (e.g., male students, teachers) of the activity.
- *When* refers to the time and setting of the activity (e.g., during school assemblies, after school is over).

The more clearly these questions are answered, the more useful the process assessment will be.

Information or data should be collected to answer the following questions:

- What were the intended activities that constituted the program?
- How many activities were carried out with which target audiences?
- Who was missing?
- What topics were presented?
- What activities or topics were not carried out?
- What did the participants think of the program and its activities? Was it interesting, useful, or a waste of time?

All of the information gathered in the process assessment can be used to improve (or discard) the activity in the future.

Step 3. Outcome Assessment

What were the immediate effects of a program?

The "bottom line" of program assessment often is what were the effects of a program. There are two types of assessment related to effects: *outcome assessment* looks at the short-term effects, while *impact assessment* assesses the long-term or ultimate effects (see Step 4). Outcome assessment is concerned with measuring the immediate or proximal effects of a program on the recipients of a service. It attempts to determine the direct effects of the program, such as the degree to which the program increased knowledge of drugs and the perceived risk of drugs.

Basically, what is involved in this step is looking at the desired outcomes stated in Step 1 and looking for evidence regarding the extent to which the outcomes were achieved. Evidence could include changes in the number of referrals, an increase in number of students attending an activity, increased publicity about drug dangers, improved scores on a self-esteem measure, etc. Later in this workbook, we will discuss activities, effects, and measures of effects that are often found in alcohol and other drug prevention programs.

Choosing a measure of outcome effects

Outcome measures should be closely linked to objectives. There are several potential sources of information for outcome assessment.

Questionnaires. Questionnaires are a commonly used measure of outcomes. The particular questions used to measure an outcome must be chosen with care. Later in this workbook, we present measures to assess outcomes commonly used in alcohol and other drug prevention programs. You may wish to use the ones we have included or others with which you are familiar. Below, we describe some of the issues that should be considered when choosing a measure.

- **Validity**—Construct validity is the extent to which a particular measure assesses the concept or outcome you wish to measure. For example, to what extent does the Brand X self-esteem measure actually assess self-esteem? Predictive validity assesses the degree to which a particular measure can predict a future outcome. For example, does the Brand X self-esteem measure predict drug use 1 year later?
- **Reliability**—Reliability refers to the stability of a measure. If you weighed yourself on a scale and then weighed yourself 5 minutes later and found that your weight was 8 pounds higher (and you hadn't changed anything about yourself), you would call that scale unreliable and useless. Similarly, if a measure was not reliable (not reasonably stable), it also would be useless.

For standardized instruments, the reliability coefficient is an index of stability and consistency. A reliability coefficient can range from 0 to 1.0. The higher the value of the reliability coefficient, the more stable the measure. Generally, a reliability coefficient between .6 and .9 is considered good. If a commonly used measure is available for an objective that you want to measure and it has acceptable reliability and validity, then it is usually better to use that measure than to make up one of your own.

Other sources of data for outcome assessment include archival data and ratings by others.

Archival data. Archival data are data that have already been collected, such as medical records, school grades, and school attendance records.

Ratings by others. For certain purposes, it may be useful to obtain information from other sources about a participant, such as ratings of a child by a parent or ratings of students by teachers. Permission from the individual to be rated may need to be obtained (see section on informed consent).

Step 4. Impact Assessment

Impact assessment is concerned with the ultimate effects desired by a program. In alcohol and other drug prevention programs, the ultimate effects (or the areas one would like to impact) include: reduction in overall drug use (prevalence), reduction in rate of new students starting drug use (incidence), decrease in DUI arrests, and decrease in school disciplinary actions for drug or alcohol offenses. (These measures of impact are useful only if enforcement is stable or becomes more strict.) Also considered under impact assessment is the reduction in risk factors related to the level of alcohol or other drug use, such as school absences and school dropouts. Evidence related to incidence and prevalence of drug use can be obtained from an AOD use survey. Information about many of the other impact areas can be obtained from archival data from police, school, and hospital records.

Summary illustration of the Four-Step Assessment Model

Suppose you implemented an adolescent AOD prevention program that focused on teaching students to resist external pressures (e.g., pressure from peers and the media) to use alcohol and drugs. Application of the four-step assessment model to this example would be as follows.

The identified goal of the program is to enhance peer resistance skills with the target group being all students in grades 9 and 10 (Step 1—identifying goals). The number of sessions planned, the number of sessions actually held, and student attendance at each session would be recorded to document the implementation (Step 2—process assessment). A direct outcome of the program might be an increase in self-esteem. A questionnaire measuring self-esteem would be given to each student before and after the program to measure change in this desired outcome (Step 3—outcome assessment).

A more long-term effect of the program could be an overall reduction in the students' use of drugs, which is the ultimate impact desired of adolescent AOD prevention programs. Impact could be measured by administering an AOD usage questionnaire annually and comparing usage the year before the program, the year of the program, and the year after the program (Step 4—impact assessment).

Why Do Program Assessment?

Benefits of Program Assessment

Program assessment is of growing concern for people involved in AOD prevention efforts. This concern is due partly to the difference in and competition for resources between prevention services and more conventional forms of AOD use services, namely treatment services. Also, the approaches and technologies for appropriate and successful prevention strategies are still in the early stages of development. Consequently, administrators, policymakers, and funding sources want evidence of effectiveness that will justify the costs associated with developing and maintaining prevention programs. Thus, program assessment may fulfill requirements by external decision makers and stakeholders.

There are several benefits from program assessment that are incentives for you at the "grassroots" level of schools and communities. These include the following:

1. Your chances of reaching and serving special populations from high-risk environments are increased when programs are planned after performing a needs assessment and are monitored by process assessment.
2. Process assessment will help staff assess if the program is reaching the intended population.
3. Process assessment will provide a clear, complete description of the prevention program that was implemented. This is essential for others who may want to develop or implement a similar program.
4. Outcome and impact assessment results may assess what works and suggest areas for improving and "fine-tuning" the program in order to meet the goals and desired outcomes.
5. Assessment offers the opportunity to discover additional unanticipated benefits associated with your prevention efforts.

Overall, the potential benefits of assessment are far reaching. In addition to the excitement and knowledge associated with understanding your own prevention program and its effects, good assessment adds to the general body of knowledge concerning prevention strategies. The benefits of assessment are extremely important in the fight for drug-free schools and communities!

Costs and Fears of Program Assessment

For many, doing program assessment may seem an impossible task given time, budget, and knowledge. It often seems very scary because it seems like a mysterious, nebulous, judgmental, academic, and unproductive activity! However, with the help of this workbook, you will learn that it can be easier and more beneficial than you thought. In essence, assessment is an organized way to answer these questions: Did this program do what it was planned to do? Did it give the kind of help it promised to the people it had in mind?

Let's look at some common fears and complaints about program assessment and evaluation:

"I just don't have the time to evaluate a program and run it too."

Everybody is busy and time is money. This workbook can help reduce the time it takes to do a program assessment because it tries to reduce assessment down to four basic steps, provide worksheets for many commonly used prevention programs, and provide measures that you may want to use. (Basically, the worksheets guide you by asking questions about your program; you provide the answers from your program.)

The assessment process should help you run the program by helping you in program planning (e.g., pointing out potential obstacles) and by shortening the time it takes for you to find out about how your program is working and what changes might need to be made.

"What if the assessment shows my program is not effective?"

While this could be the result, it is just as likely that the assessment would pinpoint effective areas and suggest ways to revise your program in order to be more effective. Also, ethically, it is unjust to tie up scarce resources in an ineffective program when the problem of youth drug and alcohol use is so critical.

"I was never good at writing or math."

The worksheets in the basic four-step approach to program assessment help keep the math and writing skills needed to a minimum.

"My boss says services are what the public wants!"

They are. But treatment services can never meet the ever increasing needs. We need to focus on effective prevention services in order to reduce the tragedy of youth AOD abuse. Not assessing our programs to see if they are effective suggests that we're willing to live with a half-hearted approach to prevention.

"But it's so borrring!"

True, it can be tedious to set up and collect data; however, the conclusions can be extraordinarily exciting and useful: reduction in youth AOD use; reduction in drug experimentation; increased school attendance; fewer school dropouts; less fear; better school and community environments; etc. (If program assessment doesn't stimulate you, remember there are people who love to do it.)

"We don't have the expertise."

A sophisticated "randomized controlled evaluation study" could take a good deal of money, outside professionals, and a computer. Most of you don't have these. But if you have a pencil, paper, a phone, a calculator—and ask the right questions (many of which are laid out for you in this workbook!)—you can come up with a lot of assessment information. What did your target group look like before you aimed a program at it? What does it look like now? It can be that straightforward.

You may still feel that you need some additional resources. You might consider the following:

1. Other members of your team or staff may have taken courses or had relevant experience in another job, or perhaps someone in a professional network (e.g., spouse or friend) can help out.

2. Universities and community colleges have faculty and students eager to provide assessment help as well as other services, especially if the information you want is also of interest to them. "Seek and ye shall find!" It doesn't cost anything to ask and you'll be surprised at the side benefits of creating new partners.

3. State departments of substance abuse prevention or education help to administer funds and programs and may have staff who can serve as consultants (see the RADAR network in Appendix A).

4. Many expert consultants are available to help conduct program assessments. OSAP and other agencies may have lists of qualified consultants who can assist you in more complex program evaluations.

Prevention Concepts

The programs that you will be assessing at the local school and community level will be programs designed to prevent youth AOD problems. This section of the workbook introduces basic prevention concepts, outlines a history of AOD prevention programs, and presents conclusions drawn from research into and assessment of youth AOD prevention programs.

Throughout this workbook, the term *prevention* is used to refer to activities that are

1. Directed toward school-age youth
2. Designed to reduce the extent of AOD use
3. Designed to prevent alcohol- and drug-related problems from occurring at some future time

Prevention programs tend to deal with AOD use at a *primary prevention* level—working with youth who have not started using alcohol or other drugs. Primary prevention focuses on reducing the incidence (rate of occurrence) of AOD use by new users; preventing the development of AOD use problems; and enhancing individual strengths as an inoculant against AOD use. Offering teenagers alternative drug-free social events and promoting healthy approaches to choosing not to use (for example, building self-efficacy or resisting peer pressure) are primary prevention efforts.

Many prevention programs are designed to reduce the prevalence (total number of cases) of AOD use among youth who have already made the choice to begin using alcohol or other drugs by limiting the duration and the scope of AOD use. This type of intervention is often described as *secondary prevention.*

If intervention occurs only after AOD use has precipitated other problems, the intervention would be considered *treatment.*

Differentiating between primary prevention, secondary prevention, and treatment can sometimes be confusing. The distinctions depend on when the students are identified as at risk and how soon preventive actions are taken. For example, actions taken long before problems arise for children of alcoholics (generally considered a high-risk group for AOD problems) would be considered primary prevention. However, if preventive action occurs shortly before a suspected problem arises or is first identified (e.g., school absenteeism), then it can be debated whether this activity is prevention or treatment. Many prevention experts consider the concept of prevention, in its purest sense, to be synonymous with primary prevention.

Categories of Prevention Programs: Why They Might Work

There are a wide variety of activities and programs intended to prevent the use of alcohol and other drugs in our schools and communities. We don't know the specific cause of alcohol and drug abuse, nor do we know exactly how to stop or prevent it. Instead, we have a great deal of information about some of the factors that seem to be related to AOD use. In evaluating any prevention activity, it is crucial to think through just how that particular activity is going to impact AOD use and the factors that may be related to use. Most efforts will affect youth AOD use indirectly by changing one or more of the factors that seem to be related to such use. The sections below provide a brief overview of the ways in which we think specific activities will affect alcohol and other drug use.

Raise awareness and involvement in the community

Projects to raise awareness are based on the assumption that the members of the community are not sufficiently aware of the problems associated with AOD use in their neighborhood. For example, if people had more factual information about the levels of AOD use (e.g., through the results of an AOD use survey), this knowledge might lead to new program initiatives, and greater concern and monitoring of the activities of the community's children, friends, or neighbors. Over time, this attention can result in reduced levels of drug use.

There are a number of different ways to raise awareness, such as a *media campaign,* including a designated *awareness day* during which the community can signify support for the campaign with a symbolic gesture like wearing a red ribbon or a specific t-shirt. Some efforts may focus awareness activities on a certain group in the community via specific channels such as church groups, local civic clubs, business groups, teachers, parents, etc.

The success of most prevention efforts will be enhanced if more segments of the community are involved. *Community advisory councils* and *community coalitions* involving the business and education sector are mechanisms to develop multifaceted community involvement. These groups can function as a unit to stimulate other activities such as those described in this section. In general they serve to raise awareness, influence creation of new programs, and generate resources for new initiatives. They generally would be evaluated in terms of how many other activities they were able to accomplish or stimulate.

Increase knowledge of teachers, parents, and students

This strategy for preventing AOD problems is based on the assumption that youth would not use illicit substances if they fully understood their dangerous effects. Awareness programs for teachers and parents usually include information about the effects of alcohol and other drugs along with information on the signs and symptoms of use. If parents and teachers have accurate information they can communicate this to students, and if they know the signs and symptoms of

AOD use, they can identify early use and take steps to prevent continued use. These programs generally are not effective if they are not part of a broader based prevention effort, however.

Programs to increase knowledge, as part of a larger, more comprehensive prevention strategy, might involve the *purchase of materials,* such as films, books, brochures, and other curricular materials for students and teachers. (However, these can only be effective if the materials are used.) Teachers might attend an *inservice training program* designed to give them information about the effects of illicit substances, symptoms of drug use, referral policies, and available prevention services. Parents might receive pamphlets or brochures with such information. Some schools implement an information-based *drug and alcohol curriculum* as a way to raise the knowledge level of students and teachers. Increased knowledge about drug and alcohol use is presumed to be the most important outcome of these prevention efforts. It must be remembered, however, that it is unlikely that this strategy, used alone, will be useful. In fact, some research suggests that facts alone may make some youth curious enough to try using alcohol or other drugs.

Change norms and expectations about alcohol and other drug use

Youth who use alcohol and other illicit drugs tend to believe that their use of these substances is okay and will not have negative effects for them. An important prevention strategy is to promote youth attitudes that are negative toward alcohol and drug use, and to maintain an atmosphere that enforces negative consequences for illicit drug use. Strict *no-use policies in school* and in the community foster an environment that does not support or condone drug use. *No-use media campaigns* are designed to produce early anti-use attitudes. Involving youth in *drug-free youth groups, no-use poster contests,* and *youth modeling drug-free behavior* are ways to change attitudes and beliefs about drug use. If youth participate in these activities, their behavior is likely to be consistent with the no-use message of these activities. Negative attitudes toward AOD use are a key outcome of these prevention efforts.

Enhance parenting and positive family influence

There is some evidence that youth who become involved in illicit drug use come from families in which there is poor discipline (e.g., overly strict or overly permissive parenting), poor supervision, and poor parent-child communication. A prevention strategy based on these research findings is to enhance parenting skills through a *parent training or education program.* If parents improve their parenting skills, then parent-child communication is likely to improve, along with increased parent involvement with the child, and more effective supervision and discipline. These in turn may lead to reductions in AOD use by the child. The key outcomes in this approach are improved parenting skills, improved parent-child communication, and more consistent and effective discipline practices.

A second strategy focused on parents is to *enhance parents' organizational and networking skills* so that they may become more effective in stimulating or initiating new programs, and in forming parent networks that might share information about youth activities and ultimately increase the level of supervision and parent involvement in youth activities. A key outcome here is the creation of parent networks and increases in parental awareness of the problems of alcohol and other drug use.

Enhance student skills

Youth who become involved with alcohol and other drugs may have difficulty resisting peer pressure, making good decisions, and coping with the everyday social and interpersonal demands of their lives. Enhancing these skills may lead the youth to make better decisions and be more effective in resisting peer pressure. Furthermore, some youth may use alcohol or other drugs as a way of coping with stress and anxiety. The development of stress management skills and other ways of coping with anxiety should reduce the "need" to use alcohol and other drugs.

There are a variety of curricula designed to *enhance peer resistance skills, coping skills,* and *stress reduction skills.* Additionally, participation in other activities that *develop leadership abilities* and either directly or indirectly teach resistance and problem-solving skills should result in the same outcomes.

Increase involvement in school by parents and students

Increasing youth commitment to school and involvement in school activities can lead to reduction and prevention of AOD use in several ways. Increased involvement in AOD-free activities simply leaves less time for AOD-involved activity. Increased involvement in school typically increases identification with values consistent with school and inconsistent with AOD use. Such involvement in school also makes graduation more likely; this accomplishment in turn allows youth to develop higher aspirations and secure a better chance of attaining personal goals. Youth who have dropped out of school are particularly at risk for AOD use, and excessive unexcused school absence in an important risk factor in AOD use.

Increasing parental involvement in school and school functions contributes to prevention of AOD problems by involving parents in a setting that includes their children and their neighborhood. Such involvement increases the sense of community and cohesion in the neighborhood and adds support for school activities. Parents who are involved in the school are more likely to know what is going on in their child's life and may be instrumental in encouraging achievement of school goals.

There is an almost infinite array of activities that might increase student and parent involvement in the school. These include *programs designed to discourage school dropouts,* increased *opportunities for club participation and special activities,* and *programs designed to bring parents to the school* or to engage them in joint activity with their children. Additionally, activities designed to *enhance teacher functioning* and responsiveness to students can result in decreased student dropouts and increased student satisfaction with school.

These programs would be assessed in terms of the degree to which they increase involvement (e.g., student attendance and participation rates, parent attendance at special activities) and reduce absenteeism and dropping out. A second outcome might focus on satisfaction with school, enhanced educational aspirations, and improvements in school climate.

Increase involvement in healthy/legal alternatives

Youth may become involved with alcohol and other drugs because, as they might say, "there's nothing else to do." Creating AOD-free alternatives such as *teen centers or AOD-free dances and parties* can provide "something to do" and can offer a more desirable alternative recreational choice for youth. In each of these strategies it is important to consider the incentives to youth for participation in these activities. Involving parents and other community adults can also contribute to the development of a sense of community. These efforts might be assessed in terms of how many activities were initiated and the number of youth participating.

Increase support services for students, teachers, and parents

Alcohol and other drug use may be curtailed by developing support services and support networks for students, teachers, and parents. With additional support, such as *peer counseling* and *student assistance programs*, youth may receive the help they need to resist using alcohol and other drugs and to cope with problems and pressures in other, more useful ways. *Parent support groups* may help parents become more aware of the problems facing their community youth and give parents an opportunity to share ideas and solutions. Additional support services for teachers (such as *team teaching* and *team planning*) may allow teachers more time with students and contribute new ideas to the instructional program, which ought to make school a more enjoyable place for both teachers and students, thus contributing to the reduction in school dropouts. Another kind of support service could be the provision of a *directory of services* for teachers and parents so that they might seek assistance before a problem becomes very serious. Each could make appropriate referrals for youth showing the signs of AOD use.

The immediate outcomes of these activities would be increased sense of support and involvement, perhaps greater confidence in coping with problems, and increased use of support services.

Deterrence through regulatory and legal action

The strategies described thus far focus on changing youth attitudes, developing youth skills, generating more interesting alternatives, and providing for the social and personal needs of youth at school and at home. This category of prevention focuses on making it more difficult to get access to illicit drugs and alcohol by better enforcement of existing laws (e.g., enforcement of the minimum drinking age and strategies to reduce fake ID use), increased supervision and surveillance of youth, and better security around schools and other youth gathering places to prevent drugs from entering those places.

These efforts might be assessed in terms of the number of hours of security or surveillance provided. One initial effect of such activity might be an increase in the number of individuals found in violation of an alcohol or other drug ordinance.

More stringent penalties for AOD violations may serve some deterrent function in the community. Public information about and strict enforcement of existing penalties and movement toward more stringent penalties would be strategies to prevent drug use via deterrence. These efforts might be assessed by examining cases of drug violations and the penalties imposed.

Other control policies can be explored to deter access to alcohol by youth. For example, increasing the price of alcohol; regulating where and at what times alcohol can be sold; educating sellers and servers to refuse to sell to underage youth; making it illegal to drink in parks, plazas, and school grounds; and prohibiting alcohol sales in arenas or stadiums where the majority of those present would be underage.

The measures described in the preceding section help reduce risks across populations and complement the strategies that focus on changing the behavior of smaller segments of society (e.g., addicted individuals).

Research on Prevention Programs

Researchers today recognize that AOD use and related problems have numerous and interrelated causes. Understanding the causes is complicated in that the factors that increase or decrease the probability that youth will use alcohol or other drugs are found at all levels of society: (1) the user, (2) the peer group, (3) the family, (4) the school, (5) the community, and (6) the environmental influences such as media, laws, drug availability, and the drug itself.

Although a single, potent negative influence (e.g., having a family history of substance abuse) may place an individual at risk for AOD use, it is the complex interaction among influences at many levels that determines the probability that a given youth will or will not become a user. Historically, prevention programs have focused on a single level of influence and have been directed at one or more factors within that level.

Programs focused on the individual usually attempt to increase knowledge about the detrimental effects of drugs, change beliefs, or meet social or psychological needs.

- Prevention programs designed only to increase knowledge have not proven to be effective in changing behaviors associated with AOD use and related behavior. The contribution of "knowledge" components to more comprehensive programs is not yet known.
- Programs to change beliefs (e.g., teaching that AOD use is wrong, that it is not the norm) have not yet been adequately evaluated. Programs aimed at increasing the belief that drugs are not harmful to your health and/or decreasing the perception that "all my friends use" may hold promise. However, since both perceptions are highly correlated with use, their effectiveness cannot be evaluated until more assessments are performed.
- Evidence about the success of programs to meet social or psychological needs is mixed. These programs include "life skills training," such as decision making and developing self-esteem. Where life skills strategies have affected substance use, the results tend to be of short duration without periodic "booster" intervention.

Programs focused on the family offer promise for drug prevention, especially if dysfunctional families are targeted for help. Too often, however, family programs reach only the most motivated parents. These programs work on factors such as improving parent skills and enhancing family communication. However, the relationship between increasing family functioning and decreasing youth AOD use generally has not been evaluated yet.

Programs focused on peer group influences, such as resisting peer pressure, are widespread. Again, results of these programs have been mixed, with positive results when the strategies are applied to cigarette smoking, but less positive results with other substances.

Programs focused on the school environment may hold promise for prevention of AOD use. To date, some positive results have been found from schoolwide strategies, such as the enforcement of school antidrug policies and related activities, but assessment in this area has been limited.

Programs focused on the community to reduce use are difficult to evaluate. These may be grass-roots efforts by parents and community groups, such as putting out "no-use" messages, trying to change community norms, and putting up barriers to use. For example, the National Highway Traffic Safety Administration estimates that between 1975 and 1986, more than 10,000 young lives have been saved because of increases in the minimum purchase age for alcohol. Also, price increases are associated with reduced consumption of alcohol and cigarettes and a reduced number of DUIs by youth.

Although the results from evaluating prevention programs are mixed, several conclusions can be drawn. Clearly, comprehensive programs hold the most promise for prevention efforts. Programs that address more than one level of influence, thus taking into consideration the complexity and interrelatedness of the many causes affecting use, are more likely to be successful. In addition, prevention programs should be based on a sound planning process that includes needs assessment, a survey of current published research literature, careful implementation, and program assessment. *It is important to include people who represent varied interests and levels in the community throughout this process.* For this reason, one community should not adopt the prevention strategies of another community without redesigning and altering the strategies to meet the specific needs of that community's schools and neighborhoods, including components that are *age appropriate as well as ethnically and culturally relevant.*

Problems and Recommendations in Prevention Programming

Through their assessment of prevention programs, several problems were identified by the U.S. Department of Education in conjunction with U.S. Department of Health and Human Services in their "Report to Congress and the White House on the Nature and Effectiveness of Federal, State, and Local Drug Prevention/Education Programs" (1987). What follows is a summary of that report, outlining general problems in prevention efforts and recommending remedies.

Problems

1. *Inadequate use of theory in prevention planning.* Many programs do not or are unable to specify the rationale underlying program activities; programs are planned based on false or untested assumptions on what contributes to alcohol and other drug use. Sound program planning and assessment must be grounded in adequate theory or rationale.

2. *Failure to consider differences in the causes of use of different substances.* Lack of attention to possible differences in the causes and prevention of use of specific categories of drugs can lead a program down the wrong path. Tobacco, alcohol, marijuana, and other substances differ in their effects, cost, and availability, and in societal attitudes toward them. What works in preventing use of one will not necessarily work with all.

3. *Failure to consider individual differences in program development.* The "one-size-fits-all" approach does not work. If a prevention or education program designed for the high school or junior high school level is moved to the elementary school level, the program has to be modified accordingly. Further, programs that have been designed for white middle-class youth may not work with inner-city African American youth, and vice versa. Programs must be designed and implemented with the target audience in mind.

4. *Failure to reach youth in high-risk environments.* Programs are voluntary and often the kids who need them the most do not get involved. Active efforts to recruit youth from high-risk environments and their families must be initiated.

5. *Interventions that are inherently weak or narrow in focus.* Many programs are too simplistic, too short in duration, or too narrow in focus to have dramatic or lasting effects. *Programs are most likely to be effective when they deal with multiple levels of AOD-related influence.* Educational efforts and media campaigns must be supported by parents, schools, community leaders, clergy, and others. Approaches must be multimodal and convey consistent messages. (Note: Such a comprehensive approach is much more difficult to implement and evaluate, but will have the greatest impact.)

6. *Weak implementation.* High quality program implementation requires considerable training of program or school staff and a high level of supervision and feedback. Moreover, considerable commitment on the part of the program staff and the sponsoring institution, as well as broad-based community support, are required.

7. *Weak program assessments.* Rushing to judge programs before they can effectively be evaluated has been a problem. Conclusions are hastily or inaccurately drawn. Further, programs that can be evaluated are often studied with weak measures and poor research designs, and without a comprehensive approach.

Recommendations

The Report to Congress and the White House (1987) offered several recommendations to prevention program planners. Based on the available research findings, prevention efforts should address the following four issues:

1. *Broad-based community programs.* Programs should be coordinated with both school- and communitywide prevention efforts. All sections of the community—school administration, teachers, students, parents, businesspersons, law enforcement and legal and judicial members, clergy, etc.—and all ethnic and racial groups should be represented in an advisory council. This council should work toward setting concrete, specific, and measurable objectives to address the community problems as a whole.

2. *School discipline and drug and alcohol policies.* Old policies should be reviewed and revised or new policies written. More importantly, policies should be consistently and fairly implemented and enforced.

3. *Parent involvement.* Schools should implement strategies to get parents involved in the drug prevention effort. This should include parent education regarding AOD use and active recruitment of parents into their children's lives and activities. Concerned parent groups are a good vehicle to bridge parents and schools in the overall prevention effort.

4. *Curriculum.* Drug prevention curriculum can be useful, but not if presented in a vacuum. The curriculum should be part of a larger comprehensive prevention effort. The primary message in a curriculum should be a "no-use" message. The curriculum should be written at a level appropriate for the target audience. Materials should be applicable for children in both high- and low-risk environments.

Special Considerations in Evaluating Prevention Programs

There is pressure from many sources to evaluate prevention programs, since prevention programs are competing for already scarce resources. Because preventive efforts are usually different from more traditional approaches to problems in their target population, methods, and desired outcomes, assessment of these programs is also different. Even for those with program assessment experience, these differences can be problematic. Three special issues to consider in the assessment of prevention programs follow.

1. *Preventive efforts focus on at-risk populations and have as goals the non-occurrence of certain states or behaviors.* Populations in such programs may not be involved in AOD use and the goal of intervention is to keep it that way. The first evaluative problem is determining who is at risk and why. The second problem is assessing something that did not happen and being able to show that it would have happened without the prevention program or intervention. Traditional approaches to program assessment and evaluation are designed to measure or show change, not stability.

2. *Preventive efforts often intervene at a system level.* Specific individuals are not the target of a prevention program and may, therefore, not even be aware they were participants. An example would be "no-use" public service announcements on television. The results of such efforts are difficult to assess, especially when several populationwide efforts are going on simultaneously. Obviously, traditional assessment approaches or instruments often would not apply.

3. *Prevention programs often have long-term goals, sometimes 5, 10, or more years in the future.* Long-term assessments are not only difficult technically, but sometimes impossible politically. Most funding providers or decision makers are not willing to wait for several years to see results and often lean toward treatment programs that can offer some tangible

rationale for receiving the dollars. There is a great need for more short-range program assessment along the way to the final or ultimate assessment of programs.

Overall, effective prevention programming identifies the results it hopes to accomplish for the people it hopes to reach, sets specific criteria for defining success, and establishes objectives that can be measured. Procedures for collecting data on an ongoing basis and methods for examining the data need to be included. In addition, the outcomes of the assessment results need to be tied back into the planning process so that appropriate changes in the program can be made as needed.

How To Measure Program Outcome and Impact: Program Assessment Plans

In assessing a program, we want to know whether the program had any effect. Did the program do what it was intended to do? Did the program achieve its stated goals and bring about the desired changes? Earlier, we introduced two kinds of program effects: outcomes and impacts. *Outcomes* are the immediate program effects that we expect to achieve soon after the program is completed. For example, a drug information program is expected to show an increase in students' drug knowledge when the program is completed. *Impacts,* on the other hand, are the long-term or ultimate effects from the program. Let's follow our drug information program example one step further. We attempt to increase students' drug knowledge, the *immediate outcome,* because we believe that this increased knowledge will ultimately help to prevent or reduce student drug use, *the long-term impact.* Many factors (e.g., knowledge, attitudes, policy) must change, and much time must pass before we can detect any changes in the ultimate impact on drug use. For this reason, we will first consider outcome assessment.

Outcome Assessment

Outcome assessment refers to the process of collecting evidence that a program was successful in effecting certain outcomes. As any good detective will tell you, making sense of the evidence (who did what to whom) is a difficult and imperfect process. The investigator must draw conclusions about a crime from whatever evidence is available after the fact. Program evaluators must also use whatever evidence they have, but they can have some control over what evidence is available. Unlike a crime detective, we are often in the position to plan what evidence is collected, sometimes even before the fact.

The *investigation plan* of a program assessment is a system for collecting evidence of program effectiveness. This plan is intended to help us determine if the program—and not some other factors—caused a change in the outcome and impact measures. The investigation plan determines when (e.g., before or after the program) and from which participants (those who were trained or others) we collect the evidence or information. (In the program assessment field, before-the-program information is called *pretest,* and after-the-program information is called *posttest;* the investigation plan is called the *assessment design.)*

Outcomes Measured Only After the Program Is Completed

Often, program outcomes are measured only after the program is completed. This is understandable since programs must first be developed and operated as planned before they can be assessed. A common error is to prematurely evaluate a program before it is at a working level.

Well-formulated goals and outcomes **(Step 1)** and a clearly documented process assessment **(Step 2)** should be accomplished before attempting outcome assessment **(Step 3)**. A good investigation plan cannot make up for vague outcomes and incomplete implementation of a program. A clearly documented process assessment is necessary to give meaning to the numbers and to explain gaps in information not provided by the investigation plan. Collecting outcome measures after the program is completed contributes additional information to the description of your local program and to the overall picture of drug prevention programs at the State and national level.

Outcomes measured only after a program is completed provide you with information about where your participants stand at one point in time. You may learn, for instance, that students in your drug information program have mastered 85 percent of the knowledge about the effects of alcohol and other drugs as measured by a drug information test. In some cases this information can be compared with already existing information about the standard rate of drug information among students. (Information about standard rates of behavior or levels of performance are referred to as normative or standardized data. For example, we commonly use published information about the standard level of reading or computational skills of students in our States or the nation to see how well our local educational programs are reaching our goals.) Data about drug information and attitudes about drug use and a variety of related behaviors are now being collected. The problem with existing data about student drug information knowledge or other drug-related behaviors is that the data often are not of an appropriate standard for students in a particular program. The data may be based on a different grade level, region of the country, social class, or some other factor that can make comparisons with your program participants misleading. In fact, the lack of good descriptive data about drug information and use with different groups of students in your community and across the country is one of the most important reasons for local program evaluators to collect and share their outcome findings.

What do you do with outcomes measured only after the program when there are no appropriate published standard rates of knowledge, attitudes, use, or program outcomes? There are times when the outcome variable, accurate drug knowledge for example, seems relatively unlikely to be influenced by the participants' prior knowledge or current experiences and the outcome is logically related to the program (e.g., specific knowledge taught and same knowledge tested for outcome). In such a case you *might* have some confidence that the program had the desired effect on the outcome. Indeed, most classroom teaching and testing operates on a very similar basis. Often, however, we need to have some *basis of comparison* before we can conclude that the program brought about a change from the way things were before the program.

One approach to this problem would be to expand your after-program testing to other nonparticipating people comparable to the program participants. You could give your outcome measures or test to another school that is very similar to the school where the program was conducted. This comparison school would have a similar student body in terms of income, race, and neighborhood. The comparison school would not, however, have a similar drug prevention program that could affect your outcomes. The most important quality that the *program group* (in this case, the school that has the program) and the *comparison group* (in this case, another school that does not have the program) can have is that they are alike in all important ways except that only one group—the program group—receives the program. Consequently, when the program is completed, after-program differences in outcome measures between the program and comparison schools suggest that the program was effective. We say "suggest" because it is very difficult to demonstrate that the program and the comparison groups were perfectly comparable before the program. If the two schools were different in important ways before the program began, then these initial differences could account for the after-program differences. However, you can build a stronger case for the similarity of the groups by going back and collecting and comparing already existing information about the two schools from existing records (for example, average standardized test scores, economic makeup of student body, etc.). *Great care must be taken to ensure confidentiality of student records by strictly complying with your school district's policies on access and use of this information!*

Collecting after-program outcome information from both this year's program group and a comparison group provides rich descriptive information and can suggest program effects. Also, after-program outcome scores from this year's comparison group can begin to build a good comparison basis for next year's program. In addition, the skills and experience developed in this year's after-program outcome assessment can encourage you to test next year's participants before the program starts, which offers several advantages.

Outcomes Measured Before and After the Program Is Completed

The most direct way to know if the prevention program changed program participants' knowledge, attitudes, behavior, or some other outcome is to test program participants before the program and again after the program. Comparing the difference between *before-program* scores with *after-program* scores (i.e., after-program scores minus before-program scores) will clearly indicate if a change on the outcome scores has occurred. Students will, for example, have increased in drug knowledge or decreased in accepting attitudes toward drug and alcohol use. We no longer have to *assume* change. We have gone beyond describing where our program participants stand at one point in time to demonstrating that they have changed in important ways. Our job now is to make a case that the change demonstrated with the before- and after-program outcome testing was a result of the program and not some other factor.

Ideally, the program evaluator should attempt to show that no other plausible explanation exists for the change in outcome scores. Here is a detailed example. The consequences of drug use are so serious and often so dramatic that drug-related incidents are a constant topic of interest in the media. As a consequence of this level of media coverage and of personal experience, drug use has become a very serious concern to citizens and to all levels of government. Many different uncoordinated efforts are being made to solve the drug use problem. We can't just assume that our particular drug use prevention program is the only force affecting our program participants' drug-related knowledge, attitudes, behaviors, or other outcomes. We are all exposed to news programs, TV dramas, magazine articles, or sermons that could change how we stand on some outcome measure. For example, an intoxicated high school student driver and his girlfriend die tragically in a car accident. As a result, new materials intended to prevent AOD use are introduced into the curriculum by a school teacher, or the student government independently begins an antidrug program. These events and others can all act to change program participants' outcome scores in unanticipated ways. While these events contribute to our common effort to prevent drug use, the combination of these events does make it difficult to say decisively that our particular program was the most important event that brought about the desired change. Careful monitoring of school, community, and media events can help detect these other influences or give some assurance that the most reasonable explanation for changes in outcome scores is the prevention program. In addition to careful monitoring of these events, information from a comparison group helps us to have more confidence in drawing conclusions.

Testing both program and comparison groups before the program would indicate both how much change had occurred over the course of the program and how comparable both groups were before the program. For example, a local high school conducts an experimental program to change ninth graders' attitudes toward drug use. Another local high school is selected as the comparison group. Both groups have similar student bodies, are in similar neighborhoods, and have similar before-program outcome scores. With reasonably comparable program and comparison groups, there is a good chance that both groups are exposed to similar outside experiences during the program. Sometimes these experiences may cause changes in the after-program scores of both groups. For instance, both groups' attitudes toward drug use become more negative, but the program group scores change much more dramatically than the comparison group scores. Later, questioning of the ninth graders revealed that, during the program, a large percentage of both groups viewed the "Cosby Show" special series of three programs that dealt with the dangers of teenage drug use. The program evaluators were able to detect this unanticipated event (the "Cosby Show") and able to explain why both groups' outcome scores changed. The evaluators demonstrated good program effects and were able to answer questions about other possible influences.

What if We Can't Include Before Measures or Comparison Groups?

Program assessment, like politics, is the art of the possible. The program that provides outcome assessment with only after-program testing is providing descriptive information that contributes to the overall drug prevention effort by building the data base for future standard rates of behavior. As you add before measures and comparison groups, there is an increase in your ability to say how effective your program was, but most information can make a **real** contribution. The more important the social problem, the more difficult it is to conduct an assessment. Highly visible social problems like drug abuse bring about a great many responses. Consequently, it is virtually impossible to conduct the perfect assessment, free of problems, to determine if any one program was the major factor affecting participants outcome scores. We do the best we can or we retreat from the problem.

Impact Assessment

Impacts refer to the long-term or ultimate effects we hope to bring about with our prevention programs. Evidence of drug prevention program impact effects could include reduction in drug use, delay of onset in drug use (i.e., starting at an older age), reduction in drug- and alcohol-related accidents, decrease in DUI arrests, and reduction in disciplinary actions for drug and alcohol abuse.

Impact assessment proceeds in the same manner as outcome assessment. Sometimes evidence is gathered only after the program and sometimes it is gathered both before and after the program; sometimes we have comparison groups and sometimes we don't. Just as with outcome assessment, the conclusions we can draw about program effectiveness will depend on the presence or absence of before-program testing and comparison groups. Sometimes, for reasons of confidentiality, we will test for current levels of drug use, but not be able to identify and compare program group and comparison group responses for program impact assessment. Even when the information we collect is not directly useful for evaluating our program's impact, it is very useful for determining standard rates of use in our local community or school. *One important difference between outcome assessment and impact assessment is the amount of change we can reasonably expect any individual program to have on measures of impact.*

As stated earlier in this chapter, change in many outcomes (e.g., drug knowledge, attitudes about drug use, accessibility to drugs, law enforcement, and peer group values) can have some effects on the ultimate impact criteria of drug use. It is unreasonable to expect any one program, by itself, to independently and dramatically change existing patterns of drug use. It is the combination of many programs and other local, State, and Federal responses to the drug problem that will, over time, culminate in significant reductions in drug use. Changes in many outcomes come before changes in impact. For this reason, we have focused most of our attention on outcome assessment. We must first document and evaluate program outcome effects. Then we must also collect data on impact effects. But we must do so with a longer time perspective and a bigger picture in mind. *Don't be discouraged by findings that show little or no program impact!* Serious social problems require the combined efforts of many people and time. Local drug prevention programs and their assessments are part of the solution.

Summary of Program Assessment Plans

1. Single Group, After-Program Design

(program→measurement)

The *after-program assessment only plan* collects outcome and impact information only after the program is completed. Valuable descriptive information about local outcome and impact levels may be provided with this plan. However, conclusions about program effectiveness often require evidence that participants' responses have changed as a result of the program, or in comparison to a similar group not receiving the program.

Timeline

Participant selection	Tested before program	Drug prevention program	Test after program	Interpretation of change
Program group	No	Receives program	Yes	What does one compare to?

Questions To Consider

What does this group look like before the program (e.g., age, sex, risk factors)?	Is the program group exposed to any influence other than the program that might affect after-program test scores? How does this affect outcome? Did program go as designed?	What was before group score?

2. Single Group, Before-Program/After-Program Design

(1st measurement→program→2nd measurement)

The second investigation plan, the *before-program and after-program assessment plan*, clearly documents program participant change over the duration of the program. However, the possibility exists that the participants' responses changed for some reason other than the program.

Timeline

Participant selection	Tested before program	Drug prevention program	Test after program	Interpretation of change
Program group	Yes	Receives program	Yes	Change in test scores before/after

Questions To Consider

What does this group look like before the program (e.g., age, sex, risk factors)?	Is the program group exposed to any influence other than the program that might affect after-program test scores? How does this affect outcome? Did program go as designed?	Are there before/after differences? If so, do differences reflect program effects or outside influences?

3. Comparison Group, After-Program Design

(program group→measurement)
(comparison group→measurement)

The third investigation plan, the *after-program assessment with comparison group,* adds a similar group of participants not receiving the program for comparison with the program group participants. This plan makes it more possible to say that in comparison to a group not participating in the program, program participants achieved the desired outcomes. No evidence that program participants have actually changed their responses over the duration of the program is possible with this plan. If the program and the comparison groups were different before the program, the evaluator could draw inaccurate conclusions about effectiveness.

Timeline

Participant assignment	Tested before program	Drug prevention program	Test after program	Interpretation of change
Program group	No	Receives program	Yes	Change in test scores before/after
Comparison group	No	Does not receive program	Yes	Change in test scores before/after

Questions To Consider

Can we assume the groups are comparable? Do both groups represent the kind of people we wanted to reach (e.g., from a high-risk environment)?	Is intervention group treated differently from comparison group in addition to experiencing intervention? Did program go as designed?	Are there real group differences? If so, do differences reflect intervention effects or outside influences?

4. Comparison Group, Before-Program/After-Program Design

(1st measurement→program group→2nd measurement)
(1st measurement→comparison group→2nd measurement)

The fourth design, the *before-program and after-program assessment with comparison group*, includes the advantages of before- and after-program assessment with the advantages of using a comparison group. Clear statements can be made about change in responses over time and about attributing the change to the program.

Timeline

Participant assignment	Tested before program	Drug prevention program	Test after program	Interpretation of change
Program group	Yes	Receives program	Yes	Change in test scores
Comparison group	Yes	Does not receive program	Yes	Change in test scores

Questions To Consider

Can we assume the groups are comparable?	Is intervention group treated differently from comparison group in addition to experiencing intervention? Did program actually occur?	Are there real group differences? If so, do differences reflect intervention effects or outside influences?

In summary, while each assessment plan can provide you with useful information, the more comparisons you have (either before-program and after-program or program group versus comparison group), the more confidently you can credit your program for changes.

Using the Workbook To Assess Your Own Programs

This workbook is organized around the four-step assessment model already described:

Step 1: Identification of goals and desired outcomes

Step 2: Process assessment (describe what you actually did, how much of it, and with whom)

Step 3: Outcome assessment (document what happened as a result of the program and what immediate or proximal changes occurred)

Step 4: Impact assessment (examine the broader impact of the program on alcohol and other drug use and the indicators of use)

There can be a number of stumbling blocks to conducting program assessment. Two common obstacles are (1) specifying outcomes in measurable terms and (2) identifying measures of those outcomes. To minimize these barriers, this workbook identifies common approaches to prevention (e.g., increase knowledge about the effects of alcohol and other drugs) and lists prevention programs associated with each approach (e.g., alcohol and drug education for students, in-service training for teachers). For each of 50 prevention programs identified, *worksheet modules* are provided that:

- Specify typical program goals and outcomes for that kind of program
- Provide a step-by-step approach for process assessment
- Specify suggested measures to collect evidence for program effects
- Provide worksheets to organize information for use in report preparation.

Each worksheet module follows the four-step assessment model but is individualized for the specific prevention program being assessed. Space for modifications is provided so that you can reflect the specifics of your own situation in terms of targeted groups, additional goals, other desired outcomes, etc.

The next section describes how to use the four worksheets of each module. Use of the worksheets is then illustrated with two examples, one artificially simplified and the second more realistically complicated.

Overview of the Four-Step Worksheets

STEP 1 Identify Goals and Desired Outcomes

The first step in assessment is a clear specification of the goals of the program and the desired outcomes. In order to know what to look for as an effect of the program, you need to have a clear statement of

- What you wanted to accomplish
- For whom
- With what effect.

Worksheets for Step 1 have three parts:

Part A asks you to make a list of the goals of the program. Common goals for each program are listed on the worksheets with space for you to add others unique to your project. Place a check in front of each of the goals your team hoped to accomplish and add any additional goals on the lines provided.

Part B asks you to specify exactly whom you wanted to reach with this program. Groups commonly the focus of the program are listed; space is provided for you to add others.

Try to be as specific as possible in describing for whom this program was intended. For example, if you hoped to reach youth at high risk for AOD use, how did you define "high risk"? How would you know who they were, and what characteristics do they have that distinguish them as high risk?

It is important to be honest and realistic in listing the groups you hoped to affect. It is easy to check many different groups on the worksheet, but you will be evaluating yourself on the grounds of how well you accomplished the goals you set out. On the other hand, it is all too easy to revise your original goals after the turnout or response to a program is less than you hoped. Since the assessment process is designed to provide feedback on how to improve the program for the next time and to help you to understand why your original goals were not accomplished, it is best to be as realistic and as specific as possible in this step of the assessment.

Part C asks you to list the outcomes or effects you hoped to accomplish with this program. Common outcomes for each program are listed on the worksheets with space for you to add others. You should have at least one outcome corresponding to each goal listed in Step 1-Part A

Here, also, it pays to be honest and realistic. Think through what the program involves, and ask yourself "What would we like to have happen as a result of this? What is reasonable to expect given the intensity, frequency, power, and length of the program? How did we expect the participants to change?"

Place a check in front of each outcome you wanted to accomplish. Add any other desired outcomes on the blank lines in Part C. These outcomes will be referred to again in Step 3—Outcome Assessment Worksheets.

Step 1: Identify Goals and Desired Outcomes

Program Type

Part A: Make a list of the primary goals of the program.
Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

Part B: What groups did you *want* to involve?
Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**

Part C: What outcomes were desired?
Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

STEP 2 Process Assessment Worksheet

Step 2 involves a careful description of what was actually done as part of your prevention program, how much of it, and how many people were reached or included in each program. Process assessment is essential to document that the program was actually carried out as intended. If the program was not carried out as designed or intended, then it is probably not reasonable to expect that the desired outcomes will be accomplished.

The Process Assessment Worksheet has multiple parts depending on the specific program. These parts guide you through a description of the components of the project to assess whether each part was done as planned, and to identify obstacles or barriers to implementation.

Part A asks you to list the activities planned as part of the prevention program and to identify what was actually accomplished. For each activity, a date of accomplishment and some quantity indicator should be included. For example, if one of the planned activities was the distribution of posters to local merchants, indicate how many posters you had planned to distribute and how many were actually distributed. If you don't know the quantity for either of these, write in the space provided that you did not record this or had not formulated a plan.

Space is provided in Part A for you to record the total number of sessions, booklets, posters, volunteer hours, special activities, or whatever units of service apply to the prevention project. You can calculate the percentage of the original goal actually accomplished when appropriate.

In Part A you also indicate which aspects of the program were not implemented as planned and why. It is also common to have additional services or activities provided that were not initially planned. These accomplished, but unplanned activities should be recorded in Part a also.

Part B focuses on when the program was actually implemented, who participated in the program components, who was missing that you had hoped to involve, and an estimate of the amount of intervention (e.g., number of minutes, number of different activities).

There is always consideration of who was actually involved and how many actually participated. In each part of the worksheets addressing the audience of the program, you will have a chance to calculate what percentage of your initial audience goal was reached. For example, if you had hoped to include all 200 parents of 8th grade students and only 50 parents actually participated, then you accomplished 25 percent of your goal. For those programs with multiple sessions, list each session and the attendance for each. Then you can calculate an average attendance rate for all of the sessions as well as the total number of individuals who participated in all phases.

An important quantitative aspect of process assessment has to do with the amount of intervention actually presented. If you presented a peer resistance training program, but only one of the three planned sessions was conducted, then the actual intervention may not have been powerful enough to accomplish the goals desired. The percentage of goal accomplished is also calculated for the amount of intervention presented. Let's say you planned ten 30-minute films for the 6th grade, but only nine of them were actually shown because of a fire drill. You accomplished 90 percent of your goal in terms of intervention time.

Part B also asks you to consider why some of the people you had hoped to include were not involved. Some common problems are listed on the worksheets along with room for you to list others unique to your situation.

Part C of the Process Assessment Worksheet focuses on obstacles and barriers to carrying out a particular project. This is one way that process assessment provides feedback critical to the future implementation of any program. Many obstacles and barriers to successful completion of an activity cannot be anticipated. The process assessment helps to identify these unexpected problems and directs attention to any modifications in the activity or its presentation so that these problems can be avoided the next time the activity is presented. The identification of obstacles and barriers can also help you understand or explain why outcomes and impacts might be smaller than you had originally hoped.

For programs involving some training or workshop presentations, Part C refers to the participants' assessment form. This form of "consumer satisfaction" provides important feedback about what consumers/participants liked and disliked about the program.

Part D of the Process Assessment Worksheet provides space for you to summarize feedback useful for improving the program in the future.

Step 2: Process Assessment Worksheet

Program Type

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual

Quantity Totals:

number of sessions __________ (s) length of time for each _____________ (hr)
total hours of activity (s x hr) ________________________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

What topics or activities were planned but not covered? What happened that these were not accomplished?

Activity	**Problem**

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	**Length of the activity**	**Percentage of time goal**	**Attendance**	**Percentage of attendance goal**
Total Number	**Total hrs**	**Percentage of goal**	**Total Number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ ______________________________

______ ______________________________

______ ______________________________

Part C: How did participants evaluate the activities?

______ ______________________________

______ ______________________________

______ ______________________________

______ ______________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3 Outcome Assessment Worksheet

Desired Outcomes (column 1)

In Step 3 you assess how well you accomplished the goals identified in Step 1. List all of the desired outcomes marked in Step 1-Part C on the Step 3 Worksheet in column 1. If you added outcomes to those preprinted on the Step 1-Part C Worksheet, you will need to add them in column 1 of the Step 3 worksheet as well.

Measure/Indicator (column 2)

For each outcome, ask yourself, "What evidence do we have (or can we get) that this outcome was accomplished?" The second column of the Step 3 worksheet provides a suggested measure or indicator for the outcomes commonly identified for that activity. The Instruments Section of this workbook includes many of these measures, or information about how you can obtain the measures.

Some of the evidence for outcomes can be collected from existing files or data bases (e.g., the number of times a specific film was checked out of the library). Other types of evidence will need to be collected from participants. These include measures of student self-esteem, parent-child communication, or knowledge about the effects of drugs. A third kind of outcome data will need to be gathered at the time the activity occurs. The planning process should include a procedure for collecting these types of data, such as attendance at an AOD-free dance, attendance at a community meeting, or the number of cars displaying a red ribbon on a planned awareness day.

Observed Scores (column 3)

For each outcome you hoped to achieve, fill in the appropriate column showing the number of units or scores on that measure before the activity and after the activity for the groups participating in the program (use the columns labeled "Project Group"). If you will have data only after the project, leave the "before" column blank.

If you have a comparison group (see the section on Assessment Plans for explanation of comparison groups), fill in the corresponding line showing the comparison group's scores before and after the activity. If any of these time points or groups are missing (i.e., you do not have observed scores for that part), leave the space blank.

If you did not collect any data for an outcome, put a check under "None" on the line for that outcome.

Amount of Change (column 4)

You can estimate the amount of change in your outcome measures before and after the program by subtracting the before scores from the after scores (column 3) for your program group and placing that value in the column marked "Before vs After." This value indicates how much your program group gained on that measure over the course of the project.

If you have a comparison group, subtract the after scores of the comparison group from the after scores of your program group and place that number in the column labeled "Comparison Group vs Project Group." This number indicates how different the program group is from the comparison group. If these groups were reasonably similar before your project and seem to differ only in the presence or absence of the program you are assessing, then this difference may be interpreted as the amount of gain from the program.

How much change is enough change? One of the most difficult questions in program assessment is how much change is enough change for the program to be considered successful. There is no easy or definite answer to this question. Once you have examined the amount of change and the absolute level of alcohol and other drug use or other outcome measure, you can use statistical data analysis to determine whether the change is greater than what would be expected by chance. These procedures can be complicated and may not be possible given the facilities and resources of many local education agencies and community groups.

Alternatively, you can examine the amount of change and make a judgment as to the significance of the difference. For example, if you are looking at cigarette smoking and find that 75 percent of your students smoked before the intervention and 74 percent of them smoked after, you might conclude that the 1 percent change does not really constitute a difference or that the decrease is not large enough to justify the expense of the program. If your data showed a decrease from 75 percent to 50 percent, the program may be more worthwhile depending on the intensity of the program and the expense associated with it.

In general, it is hard to demonstrate change on many outcome variables and on most of the impact indicators. To have an effect on the impact indicators, you likely will need an extensive, multifaceted program of activities. In the early stages of prevention and program development, try to be realistic about the level of change that you can expect. Do not be discouraged if there is only a small amount of change on the outcomes and impact indicators. Reexamine the process assessment to look for ways that the program can be improved, and think through how the interventions might be affecting the outcomes you are studying.

As you get more involved in ongoing assessment or begin to make decisions on the basis of change in outcomes, you will need to compute some statistical analyses of the data. If you have not been doing any assessment, the collection of systematic feedback and measures of outcomes will be an important first step. Calculating averages and simple differences in scores from before and after the program can provide useful information. However, it is important to recognize that there are many factors that may influence the actual scores on different measures and the magnitude of change over time. Consultation with a statistician can help you to be more precise in interpreting the averages and differences you can compute with a calculator. Additional sources of assistance are included in the selected bibliography.

Step 3: Outcome Assessment Worksheet

Program Type

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group

STEP 4: Impact Assessment

Step 4, Impact Assessment, examines the effect of your prevention program on alcohol and other drug use. You should complete only one Step 4 worksheet regardless of how many separate programs you have implemented and evaluated. All of those programs are directed at the same impact variables, that is, reduction in use of alcohol and other drugs.

Eight desired impacts are listed in column 1 of the Step 4 worksheet.

These are (1) reduction in youth AOD use, (2) delay of onset of youth AOD use, (3) reduction in AOD-related traffic crashes involving of youth drivers, (4) decrease in DUI (or DWI) arrests among youth, (5) decrease in youth AOD-related arrests, (6) decrease in youth AOD-related hospital emergencies, (7) change in the number of student disciplinary actions for AOD offenses, and (8) change in youth admissions for AOD treatment.

"Where am I supposed to find this kind of information?" It is not as difficult as you may think at first. The first two impact variables (level of use and age of first use) can be obtained from an annual survey of youth use of alcohol and other drugs. Many localities have begun administering an annual, anonymous survey of all students in junior and senior high school. For some communities, collecting data from a drug use survey can mobilize some initiative toward prevention. The data gathered prior to formal programming can serve as a pre-program measure against which to compare future impact. There are several groups nationally that collect annual AOD use surveys from high school youth (e.g., National Institute on Drug Abuse Annual Household Survey, University of Michigan Institute for Social Research, Monitoring the Future Study, and PRIDE in Atlanta). Data from these groups could be used as your comparison group. It is important to recognize, however, that the data from these surveys are more or less useful for your assessment depending on how similar your program group is to the individuals included in those surveys.

Impact variables 3, 4, and 5 can be gathered from a local law enforcement office or a State law enforcement agency. These kinds of statistics are routinely reported in monthly, quarterly, or annual reports. You may need to use reporting categories that don't exactly match your prevention population (e.g., under 18, 18 to 25), but compare these data over time. As long as you continue to use the same time frame and age definitions, the comparisons will be valid. Besides, in a few years those high school freshmen will be "18 to 25" and you can make some estimates of the longer term impact of these prevention programs.

Impact variables 6 and 8 can be gathered from local hospitals and treatment facilities. For each of these you will need to consider carefully whether increases or decreases are measures of positive impact from your program. For example, if your prevention program was designed to provide teachers with the information they need to recognize the signs of alcohol and drug problems and make referrals for appropriate treatment, then increases in admissions to treatment facilities may be a success of the program. You will need to look over a longer time period (e.g., several years) to see decreases resulting from the success of primary prevention programs.

Impact variable 7 should be available from individual schools or the school district. Since you are only interested in numbers and not who was the focus of disciplinary action, there should not be a problem in collecting these data. This variable, like numbers 6 and 8, also needs to be considered carefully. If a school has a very strict policy, often individuals are reluctant to bring

Step 4: Impact Assessment

Student AOD Use and Risk Indicators

1 Impact	2 Measure or Evidence	3 Program Group Before	4 Program Group After	5 Comparison Group Before	6 Comparison Group After	7 Amount of Change
1. Reduction in youth AOD use	Drug use survey					
2. Delay of onset of youth AOD use	Drug use survey					
3. AOD-related traffic crashes involving youth drivers	Number in 12-month period					
4. Decrease in DUI arrests among youth	Number of DUI arrests 12 months before and 12 months after activities					
5. Decrease in youth AOD-related arrests	Number of arrests 12 months before and 12 months after					
6. Decrease in youth AOD-related hospital emergencies	Number of drug-related hospital emergencies					
7. Change in number of student disciplinary actions for AOD offenses	Number in school or district					
8. Change in number of youth admissions for AOD treatment	Number of admissions in region in 12-month period					

charges against a student. In these cases the number of student offenses looks very low, but in fact school personnel may be using other routes to services or be handling things less formally. Here again, long-term trends are what is important, not necessarily change from one year to the next.

Column 2 indicates the measure, data source, or type of information for evaluating each impact variable.

Columns 3 through 6 provide space for you to enter the observed score or level of this indicator for your program group before the intervention (column 3), your program group after the intervention (column 4), a comparison group before the intervention (column 5), and a comparison group after the intervention (column 6).

In *Column 7* you calculate the amount of change as in Step 3 (i.e., after scores minus before scores for the program group or after program group scores minus after comparison group scores).

The Impact Assessment Worksheet will be the same for all intervention activities. You would complete one impact assessment worksheet regardless of how many different activities you have conducted or evaluated. You will not be able to isolate or determine precisely which specific program caused any changes observed on the impact indicators, but you can return to the outcome worksheets (Step 3) and the process worksheets (Step 2) to get some ideas. The programs with the largest change on the outcome measures and the highest level of implementation may be the most important contributors to the impact observed.

Summarizing the Assessment and Preparing a Report

There are many ways to summarize and report the results of your program assessment. A sample summary format incorporating information from the four worksheets is shown in Figure 2.

Figure 2
Summary Format for Reporting

What planned activities were actually carried out?

How much intervention/prevention was completed?

What were the outcomes?

For what outcomes have you been able to measure and document change?

How has the program had an impact on student alcohol and other drug use?

What plans should be modified for the future?

What additional activities and new programs could be developed?

How does your program compare to the criteria for model programs?

Many programs are too new to be fairly evaluated or are simply not sufficiently developed to be considered a program likely to have an impact on student AOD use. Program assessment of these programs should include at least Steps 1 and 2 (i.e., a statement of goals and a process assessment) to document the activities actually carried out and to provide useful feedback for further development and refinement.

How does your prevention program compare to a model program? You may want to compare your prevention program to the characteristics of an ideal. Figure 3 lists ten attributes of exemplary programs and projects identified in a joint effort sponsored by the Office for Substance Abuse Prevention (OSAP), the National Association of State Alcohol and Drug Abuse Directors (NASADAD), and the latter's subsidiary, the National Prevention Network (NPN). Compare the elements of your program with the list of attributes for a model program to see how you compare and to determine areas for possible program development.

Figure 3
Attributes of Effective Prevention Programs

A. Program planning: The program is based on sound planning involving multiple systems within the community.

B. Goals and objectives: The program has specific, measurable goals and objectives based on a community needs assessment.

C. Multiple activities: The prevention program involves the use of multiple activities (e.g., information, skills development, alternatives, public policy) to accomplish its goals.

D. Multiple targets/population: The prevention program includes all elements of the community, including all ages and cultural groups.

E. Strong assessment base: The program has a mechanism for data collection on an ongoing basis. The outcomes should have a focus on behavior change, and can be tied back to the planning process so that appropriate program changes can be made.

F. Sensitive to needs of all: The program takes into account the special needs of the community. Programs will be tailored to the specific individual needs of persons in the community.

G. Part of overall health promotion and health care system: The prevention program is a component of the total health care system. It works with other agencies to build a supportive community environment for the development of healthy lifestyles and healthy choices.

H. Community involvement and ownership: The prevention program reflects a basic philosophy of "grass roots" ownership and reflects community involvement in planning, implementation, and assessment.

I. Long-term: The prevention program seeks to promote a long-term commitment, building on success and adapting to changing community needs. The program integrates prevention activities into existing community organizations. The program ensures that interventions begin early and continue through the life cycle.

J. Multiple systems/levels: The prevention program utilizes multiple social systems and levels within the community in a collaborative effort.

Source: Office for Substance Abuse Prevention. *Prevention Plus II: Tools for Creating and Sustaining Drug-Free Communities*. DHHS Pub. No. (ADM)89-1649. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1989.

Working Through Some Examples

The following sections describe program assessment using the four-step worksheet modules for two examples of prevention programs. The first example is a small-scale AOD prevention program offered by an elementary school. The example as presented is artificially simplistic, but the goal is to show how the worksheets can be used in program assessment. The second example, a parent training program, is more complicated and illustrates how the worksheets help to summarize implementation successes and failures and how they identify feedback useful for future implementation.

Example 1: An AOD Information Program

*The parents and teachers at J.A. McAbe Elementary School are aware of AOD problems in the middle schools and high schools in the community. They are interested in preventing these problems and believe that helping elementary school students understand the dangerous effects of alcohol and other drugs will keep them from using AODs in the middle school and high school (**the goal of the program**). At a PTA meeting, everyone agreed that the information should be given to all fourth and fifth grade students (**target group**). Over the summer, the principal assigned the school librarian to search for accurate AOD information that would be understandable to fourth and fifth graders.*

The librarian consulted the district office, which had catalogs and samples of materials, including brochures and films. She liked the Bill Cosby and Fat Albert film "Dope Is for Dopes" (14 minutes) and the "Alcohol and Drugs: How They Affect the Body" film (20 minutes). She chose some brochures for the children to read and take home to show to their parents. She discussed the materials with the principal, who okayed them.

*At the beginning of the school year, the principal, Mr. McKitrick, sent out a notice to the two fourth grade teachers (30 children in each class) and the two fifth grade teachers (28 children in each class). The notice said that, as a result of the PTA meeting and school board interest, he was encouraging the teachers to show the films and discuss them with their classes (**program activities**). Due to district demand, the librarian had difficulty borrowing the films until later in the school year. The "Dope Is for Dopes" film was available on January 14 and 15, and "Alcohol and Drugs: How They Affect the Body" was available for the whole week of February 1.*

On January 10, the principal sent a reminder to the teachers about the availability of the films and brochures. All of the teachers were willing to participate, and each of the classes saw the films and received the brochures as scheduled.

*The classes discussed the films. The kids seemed to like the Bill Cosby film but did not like the "Alcohol and Drugs" film. In March, the principal received a call from Ms. Cobbs, the district drug prevention resource specialist. Ms. Cobbs had just received word that the district had to provide some accounting of how it was spending its AOD prevention money. It was necessary to get some information from the children on what they had learned. Ms. Cobbs sent over an AOD knowledge questionnaire (***outcome measure***) that could be given to the students. The students completed the questionnaire in class. The average scores in each class were as follows: Mr. Noel, 15; Mr. Emshoff, 18; Ms. Starnes, 18; Ms. Sterling, 16; (on a scale of 1 to 30). The principal checked the attendance records for the days the films were shown, noting that everyone had attended.*

This program was based on the rationale that providing information about alcohol and other drugs would reduce use, so the staff at J.A. McAbe Elementary chose the worksheet module for "AOD Information Programs" from the list available in this workbook.

Step 1 Worksheet

The primary goal of this prevention program was to increase knowledge about the dangerous effects of alcohol and other drug use. In Part A of the Step 1 Worksheet, a check was placed in front of the first and second goals preprinted on the worksheet in this module. After talking about it, they realized that they also wanted the students to have a more negative attitude about AOD use after the films and class discussion. They added this goal to the list in Step 1-Part A (highlighted on worksheet).

In Part B, staff noted that their target group was all fourth and fifth grade students, a total of 116 students.

In Part C, staff checked the first desired outcome (increase knowledge of AOD effects and causes) already printed on the worksheet, and added an outcome to correspond with the goal they had added in Part A (e.g., more negative attitudes toward AOD use).

Step 2 Worksheet

In Step 2-Part A, the McAbe staff listed the activities that comprised their drug information prevention program. The preprinted worksheet listed "instructional modules," but as the McAbe program did not have this component, the staff left this blank. They had planned two films, with a class discussion following each, and take-home brochures for each student. In Part a, staff added the activities not already preprinted, the date of implementation, the number planned for each, and the number actually accomplished. It might have turned out that one of the films never arrived, broke, or for some other reason was not shown. If that had occurred, the "quantity planned" would have been 2, but the "quantity actual" would have been only 1.

In the section marked "quantity totals," staff showed 2 sessions (2 films plus discussion), one lasting 14 minutes plus 10- to 15-minute discussion, the second lasting 20 minutes plus a 10- to 15-minute discussion. Staff guessed that the discussions averaged 12 minutes, so the "total hours of activity" is the number of sessions (2) times the length for each. In this example, the sessions were of differing lengths, so the McAbe staff added 14 minutes (film 1) + 12 minutes (discussion) + 20 minutes (film 2) + 12 minutes (discussion) to determine that the total planned time for the prevention program was approximately 1 hour per student. They showed on the worksheet that brochures were available and that all 116 were distributed.

Since this program went off without a hitch, no other unplanned activities were delivered, and all planned activities were accomplished. Suppose a sixth grade teacher also showed the films. This unplanned activity would have resulted from the presence of the films in the building and would be recorded in the section for "unplanned activities." If there had been a problem with one of the films as mentioned above, the McAbe assessment team would have used the bottom portion of the Step 2-Part A worksheet to record what was not accomplished and why. This information would be very important in interpreting any outcome measures since, if only a portion of the planned activities were actually implemented, it might not be reasonable to expect that the outcomes could be achieved. If the outcomes were achieved with only partial implementation, it might be that the school could save some resources from the program to be directed somewhere else. This section provides important feedback for future implementation of the program.

In Step 2-Part B, the McAbe staff recorded the dates of implementation and actual length of the activities. Each film and discussion was presented as planned, so they accomplished 100 percent of their goal in terms of the time for the prevention activities. There was perfect attendance on the days of the films, so attendance was 116 for each film. In Step 1-Part B they identified their target audience as 116 students in fourth and fifth grade. Comparing the actual attendance recorded in Step 2-Part B with the goal identified in Step 1-Part B, McAbe staff recorded 100 percent of their attendance goal.

Staff summarized their implementation accomplishments listing the Total # of sessions as 2, Total hrs of prevention program delivered per student as 1 hour, as 100 percent the percentage of their time goal (identified in Step 2-Part A), average attendance for each session as 116, and the percentage of attendance as 100 percent. (In Example 2, this section will be more complicated.)

Since the school had perfect attendance on the days of the film, no one was missing that they had hoped to include. There was no discrepancy between the projected and actual participation but, if there had been, several likely explanations are preprinted on the worksheet with room for the assessment team to record other possible explanations.

How did participants evaluate the activities? McAbe staff did not administer one of the formal participant assessment forms; rather, in class discussions the students expressed their opinions about the film and the teachers communicated those among themselves.

Part D provides a place to summarize feedback for subsequent implementation of the program. Here the McAbe staff have indicated they might look for a substitute film because the children didn't seem to like one of the films used.

Step 1: Identify Goals and Desired Outcomes

AOD Information Programs

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

X*	*increase knowledge of AOD dangers and effects*
X	*increase knowledge of causes of AOD use*
X	***increase support and attitudes for no-use***

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	How many did you *want* to involve?
	teachers of grade ___	
X	*students in grades* **4 and 5**	**116**
	parents of grade ___ students	

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

X	*increase knowledge of AOD effects and causes*
X	***increase student support for no-use message***

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*Highlighted information was filled in by the person doing the evaluation.

Step 2: Process Assessment Worksheet

AOD Information Programs

Part A: What activities were planned?

(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
instructional modules,			
films and audio-visual	1/14–15	1	1
materials	week 2/1	1	1

Quantity Totals:

number of sessions *2* (s) length of time for each *14 minutes + 12 minute discussion; 20 minutes + 12 minute discussion*
(hr) total hours of activity (s x hr) *1 hour*

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

none

What topics or activities were planned but not covered? What happened that these were not accomplished?

Activity	Problem
None	

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
1/14–15	*20 min + 12 min*	*100*	*116*	*100*
2/1–2	*14 min + 12 min*	*100*	*116*	*100*

Total number	Total hrs	Percentage of goal	Total number (average of all sessions)	
2	*1*	*100*	*116*	*100*

Who was missing that you'd hoped to have participate in this activity?

nobody

What explanations can be offered for the discrepancy between the projected and the actual participation?

_____ *teachers found modules hard to use and did not include*
_____ *competing curriculum demands*
_____ *opposition from the community or parents*
_____ *lack of student interest*
_____ ***no discrepency***

Part C: How did participants evaluate the activities?

_____ *Source of evidence: Participant Evaluation Form (M2)* ***not used***
_____ ***class discussion***
_____
_____

Part D: What feedback can be used to improve the program for the future?

perhaps find a substitute for the "Alcohol and Drugs" film, because the children didn't seem to like it

Step 3 Worksheet

This worksheet shows the outcome assessment for this program. The McAbe staff transferred their desired outcomes from Step 1-Part C to column 1 of the Step 3 worksheet. They used a knowledge test provided by the school district (column 2) instead of the suggested measures M3 and M4, so those measures are crossed out. The second preprinted outcome was not checked in Step 1-Part C, so the number 2 is not circled. No data on the students' level of knowledge before the program were gathered, but the scores on the test given in March were recorded by the teacher in column 3 under "After." There was no comparison group. Column 4 is blank because they had no way of estimating the amount of change in their outcomes without either a comparison group or before measures. While they were interested in attitude change, desired outcome 3 added by staff, they did not gather any evidence for attitude outcomes, so an X was indicated under the "none" column for that outcome.

No impact assessment (Step 4) was done for this program.

Step 3: Outcome Assessment Worksheet

AOD Information Programs

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase	*1. knowledge test*			**15, 18**				
knowledge of AOD	*from target groups*							
effects and causes	~~*(M3, M4)*~~							
2. increase student	*2. attitudes toward*			**18,16**				
support for no-use	*AOD use (M7)*							
message								

Example 2: Parent Training Program

A Parent Effectiveness Training (PET) program was developed by the local community mental health center (CMHC) at the request of the McLinman High School administration. Many of the students at the school who got involved with AOD use came from families experiencing high degrees of family conflict and low levels of supportiveness for the child. In addition, the CMHC staff became aware of research evidence that youth who develop AOD-related problems often come from families with poor discipline, poor parent-child communication, and low family cohesion. Students from families experiencing high degrees of family conflict and low family cohesion were considered to be at "high risk" for AOD use ***(target group).*** *With this information in mind, the CMHC staff and the school staff decided to adopt the PET curriculum. They thought that if the training improved the parents' parenting knowledge and conflict resolution skills* ***(goals),*** *then students at high risk would be exposed to less stress and to a more cohesive and supportive family environment* ***(goals).*** *They felt that if parenting knowledge and skills improved* ***(goal/outcome),*** *then AOD use among the students would be reduced* ***(impact).***

The parenting program was planned to have 16 sessions, each lasting 1 hour, presented one evening a week at the high school ***(activities, quantity planned).*** *The first two sessions would introduce the parents to the PET philosophy of parenting. Special attention would be given to setting limits on the child's behavior while fostering the child's self-reliance and ability to cope with his or her own problems. A special session was developed by the CMHC and school staff in which a video tape on recognizing indicators of child and adolescent AOD use was presented. The tape also discussed how parents could effectively respond to suspected use. The next three sessions would develop communication and conflict resolution skills needed to put the PET philosophy into practice. The last ten sessions would focus on practicing and role playing communication and conflict resolution skills with a variety of problematic parent-child situations. Unfortunately, only five of the last ten sessions were actually conducted because of bad weather and scheduling conflicts with the school district* ***(quantity actual/discrepancy explanations).***

The PET program was announced to all parents through a school mailing. The goal was to have 75 program participants ***(quantity planned).*** *The intention was to have as participants primarily the parents of students at high risk, but other parents could participate if space was available. Sixty parents attended the first session, but only 10 of these 60 parents appeared to be from "high-risk" groups* ***(quantity actual/targeted group missing).*** *The PET trainers were told by some participants that many of the parents not attending did not have transportation, worked at night, had no safe place for their children, or were single parents who feared that everyone else would be couples* ***(discrepancy explanations).*** *Ten parents, six of them from the "high-risk" category, dropped out of the program before it was completed. A parenting satisfaction measure* ***(outcome measure)*** *given to all participants before and after the PET program indicated an average gain of 30 percent in parent satisfaction. These parent satisfaction results do not reflect the attitudes of those parents who dropped out before the booster. Several additional tests were given after the PET program was completed. Participants averaged a score of 85 percent on a standardized test of PET parenting knowledge* ***(outcome measure).*** *The family conflict questionnaire and the Moos Family*

Environment Scale ***(outcome measures)*** *norms indicated that the PET participants scored at the 30th percentile on conflict and at the 75th percentile on family cohesion. A check of school disciplinary records indicated that none of the children of program participants were involved in AOD-related incidents* ***(impact indicator).*** *In addition, all parents reported positive attitudes toward the PET training experience on a workshop assessment form. These scores were compared with normative scores on these instruments.*

The assessment team chose the worksheet module for "Parenting Skills Training" to guide their program assessment.

In Step 1-Part A they checked two goals already printed on the worksheet and added the additional goal of "increase family cohesion." They targeted parents of students from high-risk environments (Step 1-Part B) and indicated they wanted to have 75 parents participate in the program. In Step 1-Part C, three of the preprinted outcomes were relevant to the specific goals of this program. The team added an additional outcome related to family cohesion.

On Step 2, the team listed the activities that constituted this prevention program in Step 2-Part A, i.e., 5 PET lectures, 1 session on alcohol and other drug indicators, and 10 sessions on communication. At the completion of the program they showed (under quantity actual) that all five PET lectures and the alcohol and other drugs session were delivered. Only five of the communication and role play sessions were conducted.

In the quantity totals section the team showed that this prevention program included 16 sessions at 1 hour each for a total time of activity of 16 hours. The PET manual was distributed to the 60 parents who actually attended as shown in the next segment of the worksheet. No other unplanned activities were delivered, but five role play sessions were planned but not accomplished because of bad weather and scheduling conflicts. Only a portion of this prevention program was actually accomplished.

In Step 2-Part B, the team listed the dates of each session, the actual time of each activity, and the actual attendance. Across each line representing a session, they calculated the percentage of time goal and percentage of attendance goal. For time, each session conducted ran the full hour, so 100 percent of the goal is indicated for each. Attendance at each session varied from 55 to 60 persons. The percentage of their goal of 75 participants (from Step 1-Part B) is indicated on each line (e.g., 60 of 75 equals 80 percent of intended goal).

To summarize the actual implementation in quantitative terms, the team totaled the number of sessions (11) for a total of 11 hours of prevention programming. Since they had planned 16 sessions at 1 hour, this represented only 69 percent of their intended goal. They had an average attendance of 56 people, which was 74.7 percent of their desired goal of 75 participants.

This section of the Process Assessment Worksheet can become very complex and confusing when you have a multiple session intervention with varying lengths for each session. *Don't get bogged down in the arithmetic.* The key issue here is, from the perspective of one hypothetical targeted individual, how much of what was planned was actually delivered, and what the absolute time level of that program was. In Example 1, the intervention was roughly 1 hour. In this example, it is 16 hours. In understanding outcomes, it is important to recognize just how intensive or pervasive the program is. An information campaign involving distribution of brochures may involve a tremendous amount of time and effort in terms of finding the materials, but realistically it will be the focus of attention for only a minute or two for each targeted individual. (It is hoped that those will be powerful or memorable minutes, but they still are only a few minutes of prevention programming.)

Returning to these example worksheets, the team has indicated that parents of students from high-risk environments, their primary target, were missing from the program. Remember, it was estimated that only 10 of the attending parents met criteria for being at "high risk" and 6 of these dropped out before the program was over. The team has identified some possible explanations for this in the next section.

The parents who attended the workshops completed a workshop assessment form and rated the workshops very good to excellent. This information was recorded in Part C of the worksheet.

In Part D the team listed specific areas for improvement for the next implementation of the program.

On the Step 3 worksheet the team recorded the outcome data they collected. In column 1 they circled the outcomes they had identified in Step 1-Part C. They did not collect information on outcomes 2, 3, or 6, so they marked the "None" column (column 3) for each of those outcomes. Parents completed a knowledge test at the end of the program. The average score of 85 percent was recorded in column 3 under "Project Group After." The test norms available about the instrument were used as a comparison, so the normative score of 80 percent was recorded in column 3, "Comparison Group After." The project group scored 5 percent higher than the normative comparison and this index of change was recorded in column 4, "Comparison Group vs Project Group."

The measures of family conflict and family cohesion were given only after the program. These average scores were recorded in column 3, Project Group After. No comparison was available for these measures.

A parenting satisfaction measure was administered before and after the program to those who participated. The average scores before and after were recorded in column 3, and the gain in satisfaction (30 percent) was recorded in column 4, "Before vs After for Project Group."

The team did not complete Step 4, the Impact Assessment Worksheet, as they did not have data available. With the implementation problems and the limited number of parents participating, the team felt that a detectable impact was unlikely.

Step 1: Identify Goals and Desired Outcomes

Parenting Skills Training

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

X*	*improve parenting skills and satisfaction with parenting*
X	*reduce parent-child conflict*
X	***increase family cohesion***

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
X	***parents of students from high-risk environments***	75
	all parents of children in grade ____	
X	***any other 9th grade parents if space***	
	is available	

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

X	*parents would have knowledge of skills covered in program*
	parents would have more positive attitudes toward parenting
	parents would feel more competent in parenting
X	*conflict would decrease between parent and children*

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*Highlighted information was filled in by the person doing the evaluation.

X	*parent satisfaction with parenting would increase*
	parents could demonstrate use of skills taught in the program
X	***family cohesion increased***

Step 2: Process Assessment Worksheet

Parenting Skills Training

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
PET lectures		*5*	*1*
Drug and alcohol indicators		*1*	*1*
Communication and role play sessions		*10*	*5*

Quantity Totals:

number of sessions *16* (s) length of time for each *1* (hr)
total hours of activity (s x hr) *16 hours*

	What written materials were available?	Total distributed
X	manuals, brochures, **PET Manual**	*60*
	other	

Total other services delivered:

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem
	5 role play and practice sessions not
	covered
	bad weather and scheduling
	conflicts forced cancellations

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
1/4	*1 hr*	*100*	*60*	*80*
1/11	*1 hr*	*100*	*60*	*80*
1/18	*1 hr*	*100*	*55*	*73*
1/25	*1 hr*	*100*	*55*	*80*
2/1	*1 hr*	*100*	*55*	*80*
2/8	*1 hr*	*100*	*55*	*80*
2/22	*1 hr*	*100*	*55*	*80*
3/1	*1 hr*	*100*	*55*	*80*
3/15	*1 hr*	*100*	*55*	*80*
3/22	*1 hr*	*100*	*55*	*80*
4/5	*1 hr*	*100*	*55*	*80*

Total number	Total hrs	Percentage of goal	Total number (average of all sessions)	
11	*11*	*11/16 = 69%*	*56*	*56/75 = 74.6%*

Who was missing that you'd hoped to have participate in the program?

parents of students from high-risk environments

What explanations can be offered for the discrepancy between the projected and the actual participation?

X	*not advertised well enough*
	schedule conflicts
X	*baby-sitting problems*
X	*inadequate transportation*
	parents felt they didn't need the program
	program uninteresting to parents
X	***felt program was only for couples***

Part C: How did participants evaluate the activities?

Source of evidence: Consumer Satisfaction Form (M1)

rated the workshops excellent to very good

Part D: What feedback can be used to improve the program for the future?

need to find ways to reduce barriers to parents of students from high-risk environments improve advertising and parent notification of the workshops correct image of program to include single parents

Step 3: Outcome Assessment Worksheet

Parenting Skills Training

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
①increase	1. parenting skills			85%		80% norms		+5%
knowledge of skills	test (M27)							
2. more positive	2. parenting	X						
attitudes toward	attitude measure							
parenting	(M28)							
3. increase sense of	3. sense of	X						
competence	competence as a							
	parent (M29)							
④decrease conflict,	4. family conflict			30%ile				
increase cohesion	questionnaire			75%ile				
	(M30, M31)							
⑤increase	5. parenting		30%	60%			+30%	
satisfaction with	satisfaction							

Step 3: Outcome Assessment Worksheet (continued)

Parenting Skills Training

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
parenting	*measure (M28)*							
6. demonstration of	*6. role play ratings*	*X*						
skills learned	*by group leader*							
	(M19)							

Getting Started on Your Own Program Assessment

Listing Your Prevention Programs

The first thing you need to do is identify the prevention programs you worked on in the past year. The nine categories of prevention programs, their general rationale, and the goals were described in "Prevention Concepts" (pp. 19–28). The list on pp. 76–79 is a table of contents for the modules in each category that follows.

Look through the list of programs and place a check in front of each project you have done in the last year. If you have accomplished some other activity that is not listed, think about which category of prevention it best fits and describe the program on one of the blank lines in that category. You can use the blank Worksheets shown on pages 41, 44, 49, and 51 for any prevention activities not listed.

The programs you checked are the programs that you can evaluate. The number at the end of each line refers to the page in the worksheets section of this book where you will find assessment worksheets modules for that specific program or for a project in that category.

Choose one of these programs and turn to it. The forms may be reproduced if more than one copy will be needed.

After you have completed Steps 1, 2, and 3 for one prevention program, go back to the list of prevention programs and select another one that you checked on that list. Turn to that module and complete Steps 1, 2, and 3.

When you have completed Steps 1, 2, and 3 for all of the prevention programs you have worked on in the past year, you are ready to move on to Step 4 — Impact Assessment.

Program Assessment Worksheet Modules

Below is a list of prevention programs grouped in categories that represent different approaches to prevention. The number at the end of each line is the first page for that program's worksheets.

Place a check in front of each of the programs you have done as part of your prevention efforts (e.g., in the last 12 months). Some prevention efforts involve a number of programs and activities (e.g., DARE, Quest, Project STAR). You can combine several worksheet modules to evaluate the multiple components of these programs. Blank worksheets are also provided at the end to use with any prevention program, not listed here. Photocopy these blank worksheets for repeated use.

Once you have identified the programs you have implemented and plan to evaluate, turn to the page number indicated for those worksheets and begin with Step 1.

Raise awareness and involvement in the community

_______ Awareness day/red ribbon day (p. 81)

_______ Community meetings/community forums (p. 89)

_______ Prepare/distribute brochures, newsletters (p. 96)

_______ Publish results of an AOD use survey (p. 104)

_______ Local media campaign (tv/radio/newspaper/billboard, etc.) (p. 111)

_______ Series of print articles in newspapers, newsletters (p. 119)

_______ Advisory council/school-community team (p. 124)

_______ School-business partnership (e.g., Adopt-a-School) (p. 130)

_______ Community coalition (p. 135)

_______ ____

_______ ____

Increase knowledge of teachers, parents, and students

______ Purchase AOD education materials (p. 140)
______ In-service programs for teachers (p. 146)
______ Implement AOD curriculum (p. 153)
______ ____
______ ____

Change norms and expectations about alcohol and other drug use

______ No-use school policy with enforcement (p. 159)
______ No-use media campaign (p. 166)
______ AOD-free youth group membership (p. 173)
______ No-use poster contest, ad campaign (prepared by students) (p. 179)
______ No-use youth pledges (p. 185)
______ Youth modeling AOD-free behavior in skits, shows (p. 189)
______ Positive peer pressure campaign (p. 194)
______ ____
______ ____

Enhance parenting and positive family influence

______ Parent AOD education program (p. 199)
______ Parent organizational/networking training (p. 204)
______ Parental awareness of modeling effects (p. 209)
______ ____
______ ____

Enhance student skills

______ Coping skills programs (e.g., stress management) (p. 214)
______ Peer resistance training (p. 221)
______ Decisionmaking/problem-solving training (p. 228)

______ Leadership skills development (p. 235)
______ ______________________________
______ ______________________________

Increase involvement in school by parents and students

______ PTA membership drive (p. 240)
______ Activities to reduce school dropouts (p. 247)
______ Activities to improve school climate (p. 254)
______ Teacher effectiveness training (p. 259)
______ Increase parental visiting at school (p. 265)
______ Increase clubs, extracurricular opportunities for students (p. 270)
______ ______________________________
______ ______________________________

Increase involvement in healthy/legal alternatives

______ Create teen center/recreation center (p. 276)
______ Increase AOD-free recreation activities (p. 283)
______ Organize parent/child activities (p. 288)
______ Provide supervised after-school programs (p. 293)
______ ______________________________
______ ______________________________

Increase support services for students, teachers, and parents

______ Peer counseling program (p. 298)
______ Parent support groups (p. 303)
______ Teacher team planning/team teaching (p. 310)
______ Neighborhood/parent watch program (p. 315)
______ Directory of services and resources (p. 320)
______ Student assistance programs (p. 325)

______ ______________________________________

______ ______________________________________

Deterrence through regulatory and legal action

______ Strict enforcement of minimum drinking age (p. 330)

______ Increase security near schools, youth gathering places (p. 336)

______ Strict enforcement of legal penalties (p. 342)

______ Work for more stringent penalties (p. 347)

______ ______________________________________

______ ______________________________________

STEP 4: Impact Assessment

______ Student AOD use and risk indicators (p. 352)

Step 1: Identify Goals and Desired Outcomes

Awareness Day/Red Ribbon Day

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

____	*publicize the dangers of AOD use to the community*
____	*get community members to make some commitment against AOD use*
____	*increase awareness of AOD problems in the community*
____	*mobilize a youth group to take this on as a project*
____	____
____	____

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
____	*shoppers at the mall*	____
____	*parents of school children*	____
____	*neighborhood associations*	____
____	*church groups*	____
____	*PTA*	____
____	____	____
____	____	____

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

____	*ribbons on ____% of cars in the community*
____	*__(#) of store owners display signs about AOD use*
____	*newspaper stories about dangers of AOD use*

television and radio stories

mayor (or other government official) declares the day

Alcohol and Other Drugs Awareness Day

increase awareness of AOD problem in the community

trigger other groups to start AOD use prevention activities

Step 2: Process Assessment Worksheet

Awareness Day/Red Ribbon Day

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
distribution of ribbons			
distribution of signs to stores			
public service announcements on radio/TV			
mayor dedicates the day			
public lecture on AOD issues			

Quantity Totals:

Other activities or services delivered that were *not* planned:

What other activities were planned but not accomplished? What happened that these did not get accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal

Total number	Total hrs	Percentage of goal	Total number (average of all sessions)	

Who was missing that you'd hoped to have participate in the program?

Part C: What obstacles or barriers did you encounter?

______ *teachers/school didn't send ribbons home on time*

______ *people took ribbons but didn't display them*

______ *merchants refused to display signs*

______ *radio/TV spots already filled*

______ ______________________________

______ ______________________________

______ ______________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Awareness Day/Red Ribbon Day

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. ribbons on ___%	1. estimate % of cars							
of cars	with ribbons by							
	observing busy							
	intersection							
2. merchants	2. % of merchants							
displaying signs	who received signs							
	who displayed them							
3. newspaper stories	3. # of stories during							
on AOD dangers	the campaign							
4. radio/TV	4. # of minutes of							
coverage of the day	TV and of radio							
	coverage during							
	the campaign							

Step 3: Outcome Assessment Worksheet (continued)

Awareness Day/Red Ribbon Day

1 **Desired Outcomes**	2 **Measure/Indicator**	3 **Observed Scores**					4 **Amount of Change**	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	**Indicate the type of evidence you have for each outcome**	None	Before	After	Before	After	**Before vs After the Project**	**Comparison Group vs Project Group**
5. mayor's dedication	*5. press conference, resolution, or proclamation*							
6. increase awareness of AOD problems	*6. telephone survey of AOD issues; call-ins to talk shows during the campaign and immediately after; attendance at other AOD activities*							
7. initiation of other AOD use activities	*7. new programs and initiatives announced*							

Step 3: Outcome Assessment Worksheet (continued)

Awareness Day/Red Ribbon Day

1 **Desired Outcomes**	2 **Measure/Indicator**	3 **Observed Scores**					4 **Amount of Change**	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
	in 6 months							
	following Awareness							
	Day (from newspaper							
	reports)							

Step 1: Identify Goals and Desired Outcomes

Community Meetings/Community Forums

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *identify local AOD concerns or problems*

______ *make community aware of AOD use and its dangers*

______ *generate ideas/targets for future prevention*

______ *educate the community on the topic of:*

______ ______________________________

______ ______________________________

______ ______________________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you want to involve?**
______	*parent of grade ___ students*	______
______	*neighborhood associations*	______
______	*parents in high-risk environments*	______
______	______________________	______
______	______________________	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *increase knowledge of AOD effects and dangers*

______ *increase commitment to AOD use prevention*

______ *increase knowledge of intervention and prevention*

______ *increase knowledge of local AOD concerns*

_______ *increase knowledge in:* _______________

_______ *specify issues for future action* _______________

_______ _______________

_______ _______________

Step 2: Process Assessment Worksheet

Community Meetings/Community Forums

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
advertising of meetings			
community meetings			

Quantity Totals:

number of sessions ______ (s) length of time for each ______ (hr)
total hours of activity (s x hr) ______

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Other activities or services delivered that were *not* planned:

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	Total hrs	Percentage of goal	Total number (average of all sessions)	

Who was missing that you'd hoped to have participate in the program?

What explanations can be offered for the discrepancy between the projected goals and the actual accomplishments?

______ *meetings were poorly publicized*

______ *bad weather cut down attendance*

______ *schedule conflicts*

______ ____

______ ____

______ ____

Part C: How did participants evaluate the activities?

______ *Source of evidence: Consumer Satisfaction Measure (M1)*

______ ____

______ ____

______ ____

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Community Meetings/Community Forums

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase	*1. knowledge*							
knowledge of	*measure (M3, M4)*							
AOD effects								
2. increase	*2. # of pledges*							
commitment to	*signed, # of*							
AOD issues	*volunteers for*							
	future activities							
3. increase	*3. knowledge of*							
knowledge of	*services (M8)*							
intervention and								
prevention								
4. increase	*4. knowledge of*							
knowledge of local	*community*							

Step 3: Outcome Assessment Worksheet (continued)

Community Meetings/Community Forums

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
AOD concerns	*problems (M5)*							
5. increase	*5. (specific test)*							
knowledge in:								
6. specify issues for	*6. list of issues*							
future action								

Step 1: Identify Goals and Desired Outcomes

Prepare/Distribute Brochures, Newsletters

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______	*raise awareness and knowledge of AOD effects*
______	*raise awareness and knowledge of AOD services*
______	*raise awareness and knowledge of AOD use prevention activities*
______	*stimulate program initiation through dissemination of information*
______	
______	

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**	**How were brochures to be distributed**
______	*students in grade ___*	______	______
______	*teachers in grade ___*	______	______
______	*parents*	______	______
______	*counselors*	______	______
______	*business leaders*	______	______
______	______	______	______
______	______	______	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

________ *increase knowledge of AOD effects*
________ *increase knowledge of AOD services*
________ *increase awareness of AOD problem in community*
________ *change beliefs about AOD use*
________ *initiate new programs/disseminate program knowledge*
________ ______________________________
________ ______________________________

Step 2: Process Assessment Worksheet

Prepare/Distribute Brochures, Newsletters

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
preparation of			
brochures/newsletter			
distribution of			
brochures/newsletter			
preparation of articles for			
print			

Quantity Totals:

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants? List the places where brochures were distributed.

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

109

Who was missing that you'd hoped to have participate in the program?

________ ____

________ ____

________ ____

What explanations can be offered for the discrepancy between the projected and the actual participation?

_____ *brochures weren't picked up or taken home*

_____ *merchants reluctant to participate*

_____ ____

_____ ____

Part C: How did participants evaluate the activities? Was the brochure or other materials appropriate to the age and interest of the groups you wanted to read it?

_____ yes, definitely _____ probably _____ maybe not _____ NO

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Prepare/Distribute Brochures, Newsletters

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase knowledge of AOD effects	*1. survey of school students' knowledge, teachers' knowledge, parents' and community's knowledge (M3, M4)*							
2. increase knowledge of AOD services	*2. survey students' knowledge of services, teachers' knowledge of services, parents'*							

Step 3: Outcome Assessment Worksheet (continued)

Prepare/Distribute Brochures, Newsletters

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
	and community's							
	knowledge of							
	services (M8)							
3. increase	*3. survey students',*							
awareness of	*teachers', and*							
AOD problems	*parents' awareness*							
in the community	*of AOD problems*							
	(M9)							
4. change beliefs	*4. attitude toward*							
about AOD use	*AOD use (M7)*							
5. initiate new	*5. # of new*							
programs/	*programs,*							
disseminate	*# of requests*							

Step 3: Outcome Assessment Worksheet (continued)

Prepare/Distribute Brochures, Newsletters

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
program knowledge	for information							
	assistance							

Step 1: Identify Goals and Desired Outcomes

Publish Results of an AOD Use Survey

Part A: Make a list of the primary goals of the program.
Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

_______ *raise awareness of AOD use in the community*
_______ *raise awareness of need for AOD use prevention in the community*
_______ *initiate community commitment to AOD use prevention activities*
_______ _______________________________
_______ _______________________________

Part B: What groups did you *want* to involve?
Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	How many did you *want* to involve?
_____	*local citizens*	_____
_____	*elementary school teachers*	_____
_____	*middle school teachers*	_____
_____	*high school teachers*	_____
_____	*business leaders*	_____
_____	*neighborhood associations*	_____
_____	*civic groups*	_____
_____	_____	_____
_____	_____	_____

Part C: What outcomes were desired?
Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

___*% of community readership and awareness of survey*

________ *increase in awareness of AOD use*

________ *increase in teachers' awareness of AOD use*

________ *increase in parents' awareness of AOD use*

________ *initiation of AOD use prevention activities*

________ *adoption of AOD use as a project focus by community group*

________ ________________________

________ ________________________

Step 2: Process Assessment Worksheet

Publish Results of an AOD Use Survey

Part A: What activities were planned?

(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
conduct the survey			
prepare summary of results			
article in print			
distribution of survey			
results through flyer			

Quantity Totals:

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total of other services:

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants? List dates and places where survey results were published or disseminated.

Date	Place of publication

Total number	Percentage of goal

Who was missing that you'd hoped to have participate in the program?

Part C : What explanations can be offered for the discrepancy between the projected and the actual participation?

______ *stories buried on back pages*

______ *local citizens disputed the findings*

______ ______________________________

______ ______________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Publish Results of an AOD Use Survey

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. community awareness of survey	*1. telephone survey to determine % of citizens aware of story (M6)*							
2. community awareness of AOD use	*2. telephone survey to determine knowledge of AOD use in the community (M9)*							
3. teachers' awareness of AOD use	*3. survey teachers in schools to determine awareness (M9)*							

Step 3: Outcome Assessment Worksheet (continued)

Publish Results of an AOD Use Survey

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
4. parents'	*4. survey parents*							
awareness of AOD	*to determine*							
use	*awareness (M9)*							
5. initiation of	*5. # of new*							
prevention activities	*initiatives, activities*							
	announced in 6							
	months following							
	use survey							
6. adoption of AOD	*6. # of groups*							
as project focus	*announcing AOD*							
	as focus							

Step 1: Identify Goals and Desired Outcomes

Local Media Campaign

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *television/radio/newspaper airing of PSAs*
______ *raise community awareness of dangers of AOD use*
______ *change citizen attitudes about AOD use*
______ *increase knowledge of programs and services*
______ *change youth attitudes toward AOD use*
______ ______________________
______ ______________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*local television stations*	______
______	*local radio stations*	______
______	*local newspapers*	______
______	*parents of school students in grades* ____	______
______	______	______
______	______	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *television PSA presentation at least once a day during the campaign*
______ *radio PSA at least twice a day during campaign*
______ *weekly feature on AOD issues*

	print ads with no-use message
	bumper sticker display on 5% of cars
	display of other media with logo (e.g., t-shirts)
	distribution of brochures
	citizen attitudes supporting no-use message
	increase in citizen knowledge of AOD dangers
	increase in citizen awareness of AOD programs and services
	student attitudes supporting no-use message

Step 2: Process Assessment Worksheet

Local Media Campaign

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
distribution of PSAs to TV			
stations			
distribution of signs to			
stores			
PSA spots for radio/TV			
work with feature editor of			
newspaper to get story			
printed			
distribute bumper stickers			

Quantity Totals:

Other activities or services delivered that were *not* planned:

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

Part C: What obstacles or barriers did you encounter?

_____ *major local news event overshadowed campaign*
_____ *not enough lead time to make the necessary connections*
_____ *not enough copies of PSAs, bumper stickers, etc.*
_____ *radio/TV PSA spots filled already*
_____ ______________________________
_____ ______________________________

Part D: What feedback can be used to improve the program for the future?

____
____
____

Step 3: Outcome Assessment Worksheet

Local Media Campaign

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
		Project Group			Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. PSA presentation on TV once a day	*1. count from TV station log during the campaign*							
2. radio PSA twice a day during campaign	*2. count from radio station log*							
3. weekly feature on AOD issues	*3. count from newspapers*							
4. print ads with no-use message	*4. count from newspapers*							
5. bumper sticker display on 5% of cars	*5. count cars with bumper sticker along a busy*							

Step 3: Outcome Assessment Worksheet (continued)

Local Media Campaign

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
	intersection or in							
	shopping mall							
	parking lot,							
	estimate %							
6. display of other	*6. same*							
media	*procedure as #5*							
	with logo							
7. distribution of	*7. count # of*							
brochures	*brochures*							
	distributed by							
	place of distribution							
8. citizen attitudes	*8. survey citizen*							
for no-use	*attitudes (M7)*							

Step 3: Outcome Assessment Worksheet (continued)

Local Media Campaign

1 **Desired Outcomes**	2 **Measure/Indicator**	3 **Observed Scores**					4 **Amount of Change**	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
9. increase in citizen	*9. survey citizens*							
knowledge about	*about AOD*							
dangers of AOD	*dangers (M3, M4)*							
use								
10. increase citizen	*10. survey citizen*							
knowledge of	*knowledge of*							
programs and	*programs (M8)*							
services								
11. student attitude	*11. survey student*							
supporting no-use	*attitudes (M7)*							

Step 1: Identify Goals and Desired Outcomes

Series of Print Articles in Newspapers, Newsletters

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *publicize the dangers of AOD use to the community*
______ *through articles*
______ *increase knowledge of local AOD services*
______ *raise awareness of local needs*
______ ______
______ ______

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*parents of students in grade* ____	______
______	*business leaders*	______
______	______	______
______	______	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *____(#) of articles in newspaper*
______ *raise awareness of AOD problems in the community*
______ *increase knowledge of AOD effects*
______ *increase knowledge of services*
______ ______
______ ______

Step 2: Process Assessment Worksheet

Series of Print Articles in Newspapers, Newsletters

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	**Date**	**Quantity Planned**	**Quantity Actual**
preparation of articles			
cooperation of newspaper			
stories in print			

Quantity Totals:

number of stories________ (s) length of ___________ (hr)

Other activities or services delivered that were *not* planned:

What other activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Place

Total number	Percentage of goal

Who was missing that you'd hoped to have participate in the program?

Part C: What explanations can be offered for the discrepancy between the projected and the actual participation?

______ *stories buried on back pages*

______ *competing news events overshadowed campaign*

______ ______

______ ______

Part D: What feedback can be used to improve the program for the future?

______

______

______

Step 3: Outcome Assessment Worksheet

Series of Print Articles in Newspapers, Newsletters

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. target number of articles in print	*1. count articles in the newspaper or other desired outlet*							
2. raise awareness of AOD problems in community	*2. telephone survey for problems awareness (M9)*							
3. increase knowledge of AOD effects	*3. survey for knowledge (M3, M4)*							
4. increase knowledge of services	*4. survey citizens for knowledge of services (M8)*							

Step 1: Identify Goals and Desired Outcomes

Advisory Council/School-Community Team

Part A: Make a list of the primary goals of the program.
Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *form group of citizens and interested parties to coordinate AOD prevention in the community, identify gaps in services, stimulate new services*
______ *increase community involvement*
______ *stimulate development of new activities*
______ ________________________
______ ________________________

Part B: What groups did you *want* to involve?
Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	How many did you *want* to involve?
______	*school personnel*	______
______	*neighborhood groups*	______
______	*church groups*	______
______	*service groups*	______
______	______	______
______	______	______

Part C: What outcomes were desired?
Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *Council conducts a needs assessment for local community*
______ *increase number of people and groups involved in AOD effort*

	increase resources available for AOD effort
	increase community awareness of AOD issues

Step 2: Process Assessment Worksheet

Advisory Council/School-Community Team

Part A: What activities were planned?

(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual

Quantity Totals:

number of sessions ________ (s) length of time for each ____________ (hr)
total hours of activity (s x hr) ____________________________

What written materials were available?		Total distributed
	manuals, brochures	
	other	

Other activities or services delivered that were *not* planned:

____
____
____
____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

What explanations can be offered for the discrepancy between the projected and the actual accomplishments?

Part C: How did participants evaluate the activities?

Part D: What feedback can be used to improve the program for the future?

Step 3: Outcome Assessment Worksheet

Advisory Council/School-Community Team

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. conduct a needs	*1. SERC needs*							
assessment	*assessment*							
	program							
2. increase # of	*2. network analysis*							
people involved	*questionnaire*							
	(M40)							
3. increase resources	*3. % of budgets*							
for AOD	*devoted to AOD*							
4. increase	*4. awareness of*							
community	*AOD use (M9)*							
awareness								

Step 1: Identify Goals and Desired Outcomes

School-Business Partnership

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *form coalition of business and school to address AOD problems*

______ *increase financial support for school AOD efforts*

______ *initiate new AOD programs and prevention activities*

______ ______________________________

______ ______________________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*local business*	______
______	______	______
______	______	______
______	______	______
______	______	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *raise awareness of AOD problems*

______ *increase resources available for school AOD efforts*

______ *initiate new programs*

______ ______________________________

______ ______________________________

Step 2: Process Assessment Worksheet

School-Business Partnership

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	**Date**	**Quantity Planned**	**Quantity Actual**

Quantity Totals:

number of sessions ________ (s) length of time for each ____________ (hr)
total hours of activity (s x hr) ______________________________

	What written materials were available?	**Total distributed**
	manuals, brochures	
	other	

Other activities or services delivered that were *not* planned:

____
____
____
____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have particpate in the program

What explanations can be offered for the discrepancy between the projected and the actual accomplishments?

________ ______________________________________

________ ______________________________________

________ ______________________________________

________ ______________________________________

Part C: How did participants evaluate the activities?

____

____

____

____

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

School-Business Partnership

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. raise awareness of	*1. community*							
AOD problems	*awareness of AOD*							
	(M5)							
2. increase	*2. how much funds*							
resources available	*available*							
for school AOD								
efforts								
3. initiate new	*3. # of new*							
programs	*programs*							

Step 1: Identify Goals and Desired Outcomes

Community Coalition

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *form coalition of businesses and religious and civic groups*
______ *to draw attention to AOD problems*
______ *involve prominent businesses and large employers to raise*
______ *awareness of AOD problems in the workplace*
______ *increase financial support for local AOD efforts*
______ *initiate new AOD programs and prevention activities*
______ ______________________________
______ ______________________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*local businesses*	______
______	*local civic groups*	______
______	*local religious groups*	______
______	______	______
______	______	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *raise awareness of AOD problems*
______ *increase resources available for local AOD efforts*
______ *initiate new programs*
______ ______________________________
______ ______________________________

Step 2: Process Assessment Worksheet

Community Coalition

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual

Quantity Totals:

number of sessions _________ (s) length of time for each ____________ (hr)
total hours of activity (s x hr) ______________________________

	What written materials were available?	**Total distributed**
	manuals, brochures	
	other	

Other activities or services delivered that were *not* planned:

____
____
____
____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

What explanations can be offered for the discrepancy between the projected and the actual accomplishments?

______ ____

______ ____

______ ____

Part C: How did participants evaluate the activities?

____

____

____

____

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Community Coalition

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. raise awareness of	*1. awareness of*							
AOD problems	*AOD use (M9)*							
2. increase resources	*2. new financial*							
available	*resources in dollars,*							
	new volunteer							
	time in # of hours							
3. initiate new	*3. new efforts/*							
programs	*programs*							
	noted in coalition							
	minutes							

Step 1: Identify Goals and Desired Outcomes

Purchase AOD Education Materials

Part A: Make a list of the primary goals of the program.
Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

____ *develop a library of materials for school staff, students, and parents to use to increase awareness and knowledge of AOD effects*
____ *facilitate use of these materials by staff, parents, and students*
____ ____
____ ____

Part B: What groups did you *want* to involve?
Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
____	*school staff/teachers*	____
____	*students in grade ___*	____
____	*parents*	____
____	____	____
____	____	____

Part C: What outcomes were desired?
Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

____ *increase number of materials available by ___%*
____ *supply some materials to each classroom teacher*

_____ *supply materials to each student in grade ___*

_____ *have each of the acquisitions used in the classroom at least once by half of the staff eligible*

_____

_____

Step 2: Process Assessment Worksheet

Purchase AOD Education Materials

Part A: What activities were planned?

(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
purchase films			
purchase books, pamphlets			
purchase posters for school			

Quantity Totals:

number of sessions _________ (s) length of time for each ____________ (hr)
total hours of activity (s x hr) ____________________________

	What written materials were available?	**Total distributed**
	manuals, brochures	
	other	

Total other services delivered:

____
____
____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem
	films not purchased because of lack of funds
	committee couldn't agree on which materials to acquire

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Materials purchased	Quantity
Total number	**Percentage of goal**	**Total number**

Who was missing that you'd hoped to have participate in the program?

What explanations can be offered for the discrepancy between the projected and the actual participation?

________ ____

________ ____

________ ____

Part C: How did staff evaluate the materials purchased?

________ ____

________ ____

________ ____

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Purchase AOD Education Materials

1 **Desired Outcomes**	2 **Measure/Indicator**	3 **Observed Scores**					4 **Amount of Change**	
		Project Group			Comparison Group			
List the desired outcomes from Step 1-Part C	**Indicate the type of evidence you have for each outcome**	**None**	**Before**	**After**	**Before**	**After**	**Before vs After the Project**	**Comparison Group vs Project Group**
1. increase number of materials available for use	1. count of materials available							
2. supply materials to each classroom	2. list the materials available to each class							
3. supply materials to each student	3. # of students receiving or viewing materials							
4. use of materials by staff	4. check lesson plans and library records to document use in classrooms							

Step 1: Identify Goals and Desired Outcomes

In-Service Programs for Teachers

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

________ *increase teachers' knowledge and awareness of AOD*
________ *problems*
________ *encourage teachers to include AOD issues in their*
________ *instructional activities*
________ *enhance teachers' commitment to AOD use prevention*
________ ________________________________
________ ________________________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*all staff*	________
______	*health teachers*	________
______	*counseling staff*	________
______	*physical education staff*	________
______	________________	________
______	________________	________

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

________ *increase teachers' knowledge about AOD use*
________ *increase awareness among teachers about AOD use*

______	change teacher attitudes toward use
______	change student attitudes about AOD use
______	increase teachers' willingness to intervene with students using AODs
______	increase referrals for counseling from teachers
______	increase enforcement of school AOD policy
______	increase use of AOD materials in the curriculum
______	______
______	______

Step 2: Process Assessment Worksheet

In-Service Programs for Teachers

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity in-service presentations on:	**Date**	**Quantity Planned**	**Quantity Actual**

Quantity Totals:

number of sessions __________ (s) length of time for each ______________ (hr)
total hours of activity (s x hr) ______________________________

	What written materials were available?	**Total distributed**
	manuals, brochures	
	other	

Total other services delivered:

____
____
____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Materials purchased	Quantity
Total number	**Percentage of goal**	**Total number**

Who was missing that you'd hoped to have participate in the program?

What explanations can be offered for the discrepancy between the projected and the actual participation?

_____ *schedule conflicts*

_____ *competing programs/activities*

_____ *teachers felt they didn't need the program*

_____ *program uninteresting to teachers*

_____ __________________________

_____ __________________________

_____ __________________________

Part C: How did participants evaluate the materials purchased?

_____ *Source of evidence: Participant Assessment Form (M2)*

_____ __________________________

_____ __________________________

_____ __________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

In-Service Programs for Teachers

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase teacher	*1. knowledge test*							
knowledge about	*(M3, M4)*							
drug use								
2. increase teacher	*2. awareness*							
awareness of use	*measure (M9)*							
3. change teacher	*3. AOD attitudes*							
attitudes toward	*measure (M7)*							
use								
4. change student	*4. AOD attitudes*							
attitudes toward	*measure (M7)*							
use								

Step 3: Outcome Assessment Worksheet (continued)

In-Service Programs for Teachers

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
5. increase teacher willingness to intervene	*5. attitudes toward intervention (M10)*							
6. increase referrals for counseling	*6. # of referrals per 6 months*							
7. increase enforcement of school AOD policy	*7. # of AOD hearings*							
8. increase use of AOD materials in the curriculum	*8. count of material use in lesson plans and library checkouts*							

Step 1: Identify Goals and Desired Outcomes

Implement AOD Curriculum

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

_______ *include AOD curriculum for students in the general curriculum for grades ______*
_______ *increase knowledge of the effects and dangers of AOD use*
_______ *develop other skills included in the curriculum (e.g., peer resistance)*
_______ ____________________
_______ ____________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
_____	*grade ___*	_______
_____	*health classes*	_______
_____	*other*	_______
_____	_______	_______
_____	_______	_______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

_______ *___(#) of instructional minutes per week/month/semester*
_______ *increase student knowledge of AOD effects*

________ *increase student awareness of AOD use*

________ *increase other skills included in the curriculum*

________ *(speciify)* ________________

________ ________________________

________ ________________________

Step 2: Process Assessment Worksheet

Implement AOD Curriculum

Part A: What activities were planned?

(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
instructional modules			
assemblies at school			

Quantity Totals:

number of sessions ________ (s) length of time for each ____________ (hr)
total hours of activity (s x hr) ______________________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

____
____
____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Materials purchased	Quantity
Total number	**Percentage of goal**	**Total number**

Who was missing that you'd hoped to have participate in the program?

What explanations can be offered for the discrepancy between the projected and the actual participation?

Part C: How did participants evaluate the materials purchased?

Source of evidence: Participant Assessment Form (M2)

Part D: What feedback can be used to improve the program for the future?

Step 3: Outcome Assessment Worksheet

Implement AOD Curriculum

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. # of instructional minutes per week/month/etc.	*1. totals from lesson plans*							
2. increase student knowledge of AOD effects	*2. knowledge measure (M3, M4)*							
3. increase student awareness of AOD use	*3. awareness measure (M9)*							
4. increase other skills specific to the curriculum	*4. measures specific to skills ______*							

Step 1: Identify Goals and Desired Outcomes

No-Use School Policy With Enforcement

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *develop and put in place a policy that includes clear*
______ *definition of AOD use and clear statement of consequences*
______ *make students aware of policy*
______ ______________________________
______ ______________________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*involve staff in policy development*	______
______	*involve students in policy development*	______
______	*involve parents in policy development*	______
______	*involve law enforcement*	______
______	______	______
______	______	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *clear definition of AOD use*
______ *clear statement of consequences of use*
______ *clear statement of procedures to follow if use is suspected*

__________ *publication of the policy in student handbook or some other form*

__________ *evidence of enforcement*

__________ *student knowledge of policy procedures*

__________ ______________________________

__________ ______________________________

Step 2: Process Assessment Worksheet

No-Use School Policy With Enforcement

Part A: What activities were planned?

(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	**Date**	**Quantity Planned**	**Quantity Actual**
committee formed to draft			
policy			
solicit input from school			
groups			
draft policy and review			
establish policy			

Quantity Totals:

number of sessions ________ (s) length of time for each ___________ (hr)
total hours of activity (s x hr) ____________________________

	What written materials were available?	**Total distributed**
______	manuals, brochures	
______	other	
______		

Other activities or services delivered that were *not* planned:

____

____

____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal

Total number	Total hrs	Percentage of goal	Total number (average of all sessions)	

Who was missing that you'd hoped to have participate in the program?

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ *student opinion not included*
______ *parents felt alienated in the process*
______ *law enforcement unable to comply with requests*
______ ______________________________
______ ______________________________

Part C: What feedback can be used to improve the program for the future?

____
____
____

Step 3: Outcome Assessment Worksheet

No-Use School Policy With Enforcement

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. clear definition of	*1. review of policy*							
AOD use								
2. clear statement of	*2. review of policy*							
consequences for								
use								
3. statement of	*3. review of policy*							
procedures to be								
followed if use is								
suspected								
4. publication of	*4. review of student*							
policy in student	*materials*							
materials								

Step 3: Outcome Assessment Worksheet (continued)

No-Use School Policy With Enforcement

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
5. evidence of enforcement	*5. # of hearings and degree to which the consequences imposed are consistent with the policy*							
6. student knowledge of policy	*6. survey student knowledge of the policy and consequences*							

Step 1: Identify Goals and Desired Outcomes

No-Use Media Campaign

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *television/radio/newspaper airing of no-use PSAs*
______ *raise community awareness of dangers of AOD use*
______ *change citizen attitudes about AOD use*
______ ______________________________
______ ______________________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*local television stations*	______
______	*local radio stations*	______
______	*local newspapers*	______
______	*parents of middle and high school students*	______
______	______	______
______	______	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *television PSA presentation at least once a day during the campaign*
______ *radio PSA at least twice a day during campaign*
______ *weekly feature on AOD dangers*

________	*print ads with no-use message*
________	*bumper sticker display on 5% of cars*
________	*citizen attitudes supporting no-use message*
________	*youth attitudes supporting no-use message*
________	________________________________
________	________________________________

Step 2: Process Assessment Worksheet

No-Use Media Campaign

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
distribution of PSAs to TV			
distribution of signs to stores			
PSA spots for radio/TV			
work with feature editor of newspaper to get story printed			
distribute bumper stickers			

Quantity Totals:

Other activities or services accomplished that were *not* planned:

**What topics or activities were planned but not covered?
What happened that these were not accomplished?**

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

Part C: What obstacles or barriers did you encounter?

______ *major local news event overshadowed campaign*
______ *not enough lead time to make the necessary connections*
______ *not enough copies of PSAs , bumper stickers, etc.*
______ *radio/TV PSA spots filled already*
______ ______________________________
______ ______________________________

Part D: What feedback can be used to improve the program for the future?

____
____
____

Step 3: Outcome Assessment Worksheet

No-Use Media Campaign

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. PSA presentation on TV once a day	*1. count from station log during the campaign*							
2. radio PSA twice a day during campaign	*2. count from station log during the campaign*							
3. weekly feature on AOD dangers	*3. count from newspapers*							
4. print ads with no-use message	*4. count from newspapers*							
5. bumper sticker display on cars	*5. count cars with sticker along a busy intersection*							

Step 3: Outcome Assessment Worksheet (continued)

No-Use Media Campaign

1 **Desired Outcomes**	2 **Measure/Indicator**	3 **Observed Scores**					4 **Amount of Change**	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
	or in mall parking							
	lot, estimate %							
	with sticker							
6. citizen attitudes	*6. survey citizens*							
supporting no-use	*with attitude*							
	measure (M7)							
7. youth attitudes	*7. survey youth*							
supporting no-use	*with attitude*							
	measure (M7)							

Step 1: Identify Goals and Desired Outcomes

AOD-Free Youth Group Membership

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

________ *develop AOD-free youth group*
________ *have ___% of the students join club*
________ *sponsor one activity per month for members*
________ *recruit new members at each activity*
________ ________
________ ________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*students in grade____*	______
______	*parents*	______
______	*school staff*	______
______	______	______
______	______	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

________ *___(#) of members of the group*
________ *___(#) attending each activity*

members show their membership by displaying some group membership symbol (e.g., t-shirt)

change in student attitudes about AOD use

Step 2: Process Assessment Worksheet

AOD-Free Youth Group Membership

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
planning committee formed			
recruitment plan established			
recruitment drive			
schedule group activities			

Quantity Totals:

number of sessions __________ (s) length of time for each ____________ (hr)
total hours of activity (s x hr) ______________________________

What written materials were available?		Total distributed
______	manuals, brochures	
______	other	
______		

Other activities or services delivered that were *not* planned:

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	**Problem**

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	**Length of the activity**	**Percentage of time goal**	**Attendance**	**Percentage of attendance goal**

Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

	youth from high-risk environments

What explanations can be offered for the discrepancy between the projected and the actual participation?

group perceived negatively by students

activities conflicted with existing programs

Part C: How did participants evaluate the activities?

Part D: What feedback can be used to improve the program for the future?

Step 3: Outcome Assessment Worksheet

AOD-Free Youth Group Membership

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. # of members in the group	*1. # of students enrolled*							
2. # attending activities	*2. actual attendance at each activity*							
3. display of membership symbol	*3. count this symbol at large youth gathering*							
4. change in student attitudes	*4. attitudes measure (M7)*							

Step 1: Identify Goals and Desired Outcomes

No-Use Poster Contest, Ad Campaign

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *raise awareness about AOD dangers*
______ *change beliefs about AOD use*
______ *develop involvement with business community*
______ ______________________
______ ______________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	How many did you *want* to involve?
______	*all students in grade* _____	______
______	*local businesses*	______
______	______________	______
______	______________	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *production of a poster by at least 90% of the students in each grade*
______ *change in student attitudes about AOD use*
______ *business sponsorship*
______ *raise awareness about AOD use*
______ ______________________
______ ______________________

Step 2: Process Assessment Worksheet

No-Use Poster Contest, Ad Campaign

Part A: What activities were planned?

(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
solicit business sponsorship			
advertise contest			
poster submissions			
select winners			

Quantity Totals:

number of sessions ________ (s) length of time for each ___________ (hr)

total hours of activity (s x hr) ______________________

	What written materials were available?	**Total distributed**
	manuals, brochures	
	other	

Other activities or services delivered that were *not* planned:

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	**Problem**

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	**Length of the activity**	**Percentage of time goal**	**Attendance**	**Percentage of attendance goal**
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

youth from high-risk environments

212

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ *poorly publicized*

______ *prizes not interesting to youth*

______ *school staff not supportive of this during school time*

______ ____________________

______ ____________________

Part C: How did participants evaluate the activities?

____

____

____

____

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

No-Use Poster Contest, Ad Campaign

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. production of posters	*1. total # of posters prepared*							
2. change in student attitudes	*2. attitude measure (M7)*							
3. business sponsorship	*3. index of business support, e.g., dollars contributed or other materials*							
4. raise awareness of AOD use	*4. awareness measure (M9)*							

Step 1: Identify Goals and Desired Outcomes

No-Use Youth Pledges

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______	*get youth to make a written commitment not to use alcohol*
______	*or other drugs*
______	______
______	______
______	______

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*students in grade* ____	______
______	*parents of* ______	______
______	______	______
______	______	______
______	______	______
______	______	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______	*written pledges from* ___*% of the students*
______	*changes in attitudes toward alcohol and other drugs*
______	______
______	______
______	______
______	______

Step 2: Process Assessment Worksheet

No-Use Youth Pledges

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	**Date**	**Quantity Planned**	**Quantity Actual**
designate place for pledge making			
establish form for pledges			

Quantity Totals:

number of sessions __________ (s) length of time for each ____________ (hr)
total hours of activity (s x hr) ____________________________

	What written materials were available?	**Total distributed**
	manuals, brochures	
	other	

Other activities or services delivered that were *not* planned:

____
____
____
____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

youth from high-risk environments

What explanations can be offered for the discrepancy between the projected and the actual participation?

_____ ____

_____ ____

_____ ____

Part C: How did participants evaluate the activities?

____

____

____

____

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

No-Use Youth Pledges

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. written no-use	*1. # of pledges*							
pledges from	*recorded*							
students								
2. change in attitudes	*2. attitudes*							
	measure (M7)							

Step 1: Identify Goals and Desired Outcomes

Youth Modeling AOD-Free Behavior in Skits, Shows

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

____ *develop a drug-free performing group in your school/community*

____ *develop skits for future performances*

____ *change attitudes about drug/alcohol use*

____ ____

____ ____

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
	grade ____ to see the show	
	students to perform in shows	
	students from high-risk environments to perform	

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

____ *increase awareness of AOD effects*

____ *change attitudes about AOD use*

____ *increase peer resistance skills (or other skills modeled in the skits)*

____ ____

____ ____

Step 2: Process Assessment Worksheet

Youth Modeling AOD-Free Behavior in Skits, Shows

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
select students for participation			
make up skits			
schedule shows			
present performances			

Quantity Totals:

number of sessions ________ (s) length of time for each ____________ (hr)
total hours of activity (s x hr) ______________________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Other activities or services delivered that were *not* planned:

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	**Problem**

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	**Length of the activity**	**Percentage of time goal**	**Attendance**	**Percentage of attendance goal**
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

______ *youth from high-risk environments*

______ ______________________________

______ ______________________________

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ ______________________________

______ ______________________________

______ ______________________________

Part C: How did participants evaluate the activities?

______ *Source of evidence: Participant Assessment Form (M2)*

______ ______________________________

______ ______________________________

______ ______________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Youth Modeling AOD-Free Behavior in Skits, Shows

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase awareness of AOD effects	*1. knowledge measure (M3, M4)*							
2. change attitudes	*2. attitudes measure (M7)*							
3. increase peer resistance skills	*3. resistance/ assertiveness skill measure (M14, M18)*							

Step 1: Identify Goals and Desired Outcomes

Positive Peer Pressure Campaign

Part A: Make a list of the primary goals of the program.
Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *change youth perception of peer pressures to alcohol and other drugs*
______ *change youth attitudes toward AOD use*
______ *teach youth to be more critical of advertising messages*
______ ______
______ ______

Part B: What groups did you *want* to involve?
Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*youth from high-risk environments*	______
______	*youth in grade* ____	______
______	______	______
______	______	______

Part C: What outcomes were desired?
Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *change youth attitudes toward AOD use*
______ *decrease youth perception of peer pressure to use AODs*
______ *youth can recognize and refute advertising messages associated with AOD use*
______ ______
______ ______

Step 2: Process Assessment Worksheet

Positive Peer Pressure Campaign

Part A: What activities were planned?

(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual

Quantity Totals:

number of sessions __________ (s) length of time for each ____________ (hr)

total hours of activity (s x hr) ____________________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Other activities or services delivered that were *not* planned:

____

____

____

____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

	youth from high-risk environments

What explanations can be offered for the discrepancy between the projected and the actual participation?

Part C: How did participants evaluate the activities?

Part D: What feedback can be used to improve the program for the future?

Step 3: Outcome Assessment Worksheet

Positive Peer Pressure Campaign

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. change youth attitudes	*1. attitudes toward drug use (M7)*							
2. decease in report of peer pressure	*2. construct a questionnaire for youth to report the level of pressure felt*							
3. youth can recognize and refute advertising messages	*3. form knowledge test for current ads*							

Step 1: Identify Goals and Desired Outcomes

Parent AOD Education Program

Part A: Make a list of the primary goals of the program.
Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

_____ *increase parental knowledge of AOD dangers and effects*
_____ *increase knowledge of causes of AOD use*
_____ *increase parental knowledge of signs of AOD use*
_____ *enhance parents' sense of influence with youth*
_____ _______________
_____ _______________

Part B: What groups did you *want* to involve?
Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
_____	*parents of grade* _____ *students*	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part C: What outcomes were desired?
Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

_____ *increase knowledge of AOD effects and causes*
_____ *increase parental sense of control and influence*
_____ _______________
_____ _______________

Step 2: Process Assessment Worksheet

Parent AOD Education Program

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual

Quantity Totals:

number of sessions ________ (s) length of time for each ___________ (hr)
total hours of activity (s x hr) ______________________________

	What written materials were available?	**Total distributed**
______	manuals, brochures	______________________
______	other	______________________
______	______________________	______________________

Total other services delivered:

____

____

____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal

Total number	Total hrs	Percentage of goal	Total number (average of all sessions)	

Who was missing that you'd hoped to have participate in the program?

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ *opposition from the community or parents*

______ *lack of parental interest*

______ ____________________

______ ____________________

______ ____________________

Part C: How did participants evaluate the activities?

______ *Source of evidence: Participant Assessment Form (M2)*

______ ____________________

______ ____________________

______ ____________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Parent AOD Education Program

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase	*1. knowledge*							
knowledge of AOD	*measure (M3, M4)*							
effects and causes								
2. increase parental	*2. sense of control*							
sense of control	*(M32)*							

238

239

Step 1: Identify Goals and Desired Outcomes

Parent Organizational/Networking Training

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______	*teach parents organizational skills so that they can develop*
______	*activities in their neighborhoods*
______	*create situation for parents to form supportive networks and*
______	*networking, such as parent watch*
______	______
______	______

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*parents of grade ____*	______
______	*parents of youth from high-risk environments*	______
______	______	______
______	______	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______	*enhance organizational and leadership skills*
______	*increase parent awareness of local needs for AOD programs*
______	*increase parent perception of influence of AOD use in their*
______	*neighborhood*
______	*increase parents' sense of support from other parents*
______	______
______	______

Step 1: Identify Goals and Desired Outcomes

Parent Organizational/Networking Training

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______	*teach parents organizational skills so that they can develop*
______	*activities in their neighborhoods*
______	*create situation for parents to form supportive networks and*
______	*networking, such as parent watch*
______	______
______	______

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	How many did you *want* to involve?
______	*parents of grade* ____	______
______	*parents of youth from high-risk environments*	______
______	______	______
______	______	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______	*enhance organizational and leadership skills*
______	*increase parent awareness of local needs for AOD programs*
______	*increase parent perception of influence of AOD use in their*
______	*neighborhood*
______	*increase parents' sense of support from other parents*
______	______
______	______

Step 2: Process Assessment Worksheet

Parent Organizational/Networking Training

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
training sessions			
neighborhood activities			

Quantity Totals:

number of sessions __________ (s) length of time for each ____________ (hr)
total hours of activity (s x hr) ______________________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal

Total number	Total hrs	Percentage of goal	Total number (average of all sessions)	

Who was missing that you'd hoped to have participate in the program?

______ *single parents*
______ *parents of youth from high-risk environments*
______

What explanations can be offered for the discrepancy between the projected and the actual participation?

Part C: How did participants evaluate the activities?

Source of evidence: Participant Assessment Form (M2)

Part D: What feedback can be used to improve the program for the future?

Step 3: Outcome Assessment Worksheet

Parent Organizational/Networking Training

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. develop organization/ leadership skills	*1. role play ratings, rest of skills*							
2. increase parent awareness of AOD program need	*2. awareness measure (M5)*							
3. increase parent perception of influence of AOD use	*3. sense of control (M32, M34)*							
4. increase parents' sense of support	*4. sense of support (M37)*							

Step 1: Identify Goals and Desired Outcomes

Parental Awareness of Modeling Effects

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

________ *increase parents' appreciation of the effect of their behavior on their children*
________ *parent and consumer groups work to reduce the frequency of alcohol advertising in local media*
________ *decrease in parental use of alcohol and other drugs*
________ ________________________________
________ ________________________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*parents of grade* ____	__________
______	*parents of students from high-risk environments*	__________
______	________________________________	__________
______	________________________________	__________

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

________ *increase parents' awareness of modeling effects*
________ *reduce the frequency of alcohol advertising in local media*
________ *reduce parents' use of alcohol and other drugs*
________ ________________________________
________ ________________________________

Step 2: Process Assessment Worksheet

Parental Awareness of Modeling Effects

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
PSA developed with this			
message			
work with local media			
companies			

Quantity Totals:

number of sessions ________ (s) length of time for each __________ (hr)
total hours of activity (s x hr) ______________________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

____

____

____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal

Total number	Total hrs	Percentage of goal	Total number (average of all sessions)	

Who was missing that you'd hoped to have participate in the program?

	parents of youth from high-risk environments

What explanations can be offered for the discrepancy between the projected and the actual participation?

Part C: How did participants evaluate the activities?

Part D: What feedback can be used to improve the program for the future?

Step 3: Outcome Assessment Worksheet

Parental Awareness of Modeling Effects

1 **Desired Outcomes**	**2** **Measure/Indicator**	**3** **Observed Scores**					**4** **Amount of Change**	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase in parent awareness of modeling	*1. parents' attitudes toward teen substance use (M34)*							
2. reduce frequency of alcohol advertising	*2. TV and radio station advertising logs*							
3. reduce parents' use of alcohol and other drugs	*3. AOD survey (M12)*							

Step 1: Identify Goals and Desired Outcomes

Coping Skills Programs

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

____ *teach students specific coping skills (assertiveness, problem solving, stress management, ____)*
____ *teach students to recognize situations where they can use these coping skills*
____ *increase students' use of these coping skills instead of using alcohol and other drugs as a coping strategy*
____ *increase students' self-esteem*
____ *increase students' feelings of control over what happens to them*
____ ____
____ ____

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	How many did you *want* to involve?
____	____ *grade students*	____
____	____	____
____	____	____

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

____ *increase student skills in problem solving*
____ *increase student skills in stress management*

__________ *increase student use of specific coping skills*

__________ *increase student self-esteem*

__________ *increase student sense of control*

__________ *more negative attitudes toward AOD use*

__________ *decrease student involvement in situations with AODs*

__________ *increase student help seeking and support*

__________ *increase participation in alternative actions*

__________ ______________________________

__________ ______________________________

Step 2: Process Assessment Worksheet

Coping Skills Programs

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
in-school classes (list sessions)			

Quantity Totals:

number of sessions __________ (s) length of time for each _____________ (hr)
total hours of activity (s x hr) ______________________________

	What written materials were available?	**Total distributed**
	manuals, brochures	
	other	

Total other services delivered:

____

____

____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem
	curriculum preempted by other activities
	poor time management by instructor

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal

Total number	Total hrs	Percentage of goal	Total number (average of all sessions)	

Who was missing that you'd hoped to have participate in the program?

youth from high-risk environments

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ *schedule conflicts*

______ *lack of interest in the topic*

______ *poor presentation*

______ ______________________________

______ ______________________________

Part C: How did participants evaluate the activities?

______ *Source of evidence: Participant Assessment Form (M2)*

______ ______________________________

______ ______________________________

______ ______________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Coping Skills Programs

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase student skills in problem solving	*1. problem-solving assessment (M15, M16)*							
2. increase student skills in stress management	*2. assessment of behavioral coping skills (M18)*							
3. increase student use of specific coping skills	*3. skill utilization measure (M20)*							
4. increase student self-esteem	*4. self-esteem measure (M21, M22)*							
5. increase student sense of control	*5. locus of control measure (M23)*							

Step 3: Outcome Assessment Worksheet (continued)

Coping Skills Programs

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
6. more negative attitudes toward AOD use	*6. student AOD attitudes measure (M7)*							
7. decrease student involvement in situations with AODs	*7. student activities questionnaire (M24)*							
8. increase student help seeking and support	*8. # of student requests for special services*							
9. increase participation in alternative activities	*9. student activities questionnaire (M24)*							

Step 1: Identify Goals and Desired Outcomes

Peer Resistance Training

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

_______ *teach students' specific skills in assertiveness and peer resistance*
_______ *teach students to recognize situations where they can use these skills*
_______ *increase students' use of peer resistance skills*
_______ *increase students' self-esteem*
_______ *increase students' feelings of having self control over what happens to them*
_______ _______________________________
_______ _______________________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
_____	_____ *grade students*	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

_______ *increase student skills in peer resistance*
_______ *increase student use of peer resistance skills*

	increase student self-esteem
	increase student sense of control
	more negative attitude toward AOD use
	decrease student involvement in situations with AODs
	increase student help seeking and support
	increase participation in alternative activities

Step 2: Process Assessment Worksheet

Peer Resistance Training

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
in-school classes (list sessions)			

Quantity Totals:

number of sessions __________ (s) length of time for each ______________ (hr)
total hours of activity (s x hr) ________________________________

	What written materials were available?	**Total distributed**
	manuals, brochures	
	other	

Total other services delivered:

____
____
____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem
	curriculum preempted by other activities
	poor time management by instructor

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

	youth from high-risk environments

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ *schedule conflicts*

______ *lack of interest in the topic*

______ *poor presentation*

______ ______________________________

______ ______________________________

______ ______________________________

Part C: How did participants evaluate the activities?

______ *Source of evidence: Participant Assessment Form (M2)*

______ ______________________________

______ ______________________________

______ ______________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Peer Resistance Training

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase student	*1. measure of*							
skills in peer	*student*							
resistance/	*assertiveness*							
assertiveness	*(M14, M18)*							
2. increase student	*2. skill utilization*							
use of peer	*measure (M20)*							
resistance skills								
3. increase student	*3. self-esteem*							
self-esteem	*measure (M21, M22)*							
4. increase student	*4. locus of control*							
sense of control	*measure (M23)*							

Step 3: Outcome Assessment Worksheet (continued)

Peer Resistance Training

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
5. more negative attitudes toward AOD use	*5. student AOD attitudes measure (M7)*							
6. decrease student involvement in situations with AODs	*6. student activities questionnaire (M24)*							
7. increase student help seeking and support	*7. # of student requests for special services*							
8. increase participation in alternative activities	*8. student activities questionnaire (M24)*							

Step 1: Identify Goals and Desired Outcomes

Decisionmaking/Problem-Solving Training

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

________ *teach students specific decisionmaking skills*
________ *teach students to recognize situations where they can use*
________ *these skills*
________ *increase students' use of decisionmaking to avoid AOD use*
________ *increase students' self-esteem*
________ *increase students' feelings of having control over what*
________ *happens to them*
________ *decrease involvement in situations with AODs*
________ ________________________________
________ ________________________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	____ *grade students*	__________
______	______________________	__________
______	______________________	__________

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

________ *increase student skills in decisionmaking*
________ *increase student use of decisionmaking skills*

________ *increase student self-esteem*
________ *increase student sense of control*
________ *more negative attitudes toward AOD use*
________ *decrease student involvement with AODs*
________ *increase student help seeking and support*
________ *increase participation in alternative activities*
________ ________________________________
________ ________________________________

Step 2: Process Assessment Worksheet

Decisionmaking/Problem-Solving Training

Part A: What activities were planned?

(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
in-school classes (list sessions)			

Quantity Totals:

number of sessions __________ (s) length of time for each ____________ (hr)

total hours of activity (s x hr) ______________________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem
	curriculum preempted by other activities
	poor time management by instructor

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal

Total number	Total hrs	Percentage of goal	Total number (average of all sessions)	

Who was missing that you'd hoped to have participate in the program?

	youth from high-risk environments

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ *schedule conflicts*

______ *lack of interest in the topic*

______ *poor presentation*

______ ______________________________

______ ______________________________

Part C: How did participants evaluate the activities?

______ *Source of evidence: Participant Assessment Form (M2)*

______ ______________________________

______ ______________________________

______ ______________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Decisionmaking/Problem-Solving Training

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase student skills in decisionmaking	*1. decisionmaking skills measure (M15)*							
2. increase student use of decisionmaking skills	*2. skill utilization measure (M20)*							
3. increase student self-esteem	*3. self-esteem measure (M21, M22)*							
4. increase sense of control	*4. locus of control measure (M23)*							

Step 3: Outcome Assessment Worksheet (continued)

Decisionmaking/Problem-Solving Training

1 **Desired Outcomes**	2 **Measure/Indicator**	3 **Observed Scores**					4 **Amount of Change**	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
5. more negative attitudes toward AOD use	*5. student AOD attitudes measure (M7)*							
6. decrease student involvement in situations with AODs	*6. student activities questionnaire (M24)*							
7. increase student help seeking and support	*7. # of student requests for special services*							
8. increase participation in alternative activities	*8. student activities questionnaire (M24)*							

Step 1: Identify Goals and Desired Outcomes

Leadership Skills Development

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *enhance leadership skills of youth through specific activity*
______ *(e.g., training, Teen Institute, club involvement)*
______ *increase youth-initiated activities for AOD use prevention*
______ ______________________________
______ ______________________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	How many did you *want* to involve?
______	*youth from high-risk environments*	______
______	*students in grade ____*	______
______	______________________	______
______	______________________	______
______	______________________	______
______	______________________	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *increase in leadership skills*
______ *increase in self-esteem and self-confidence*
______ *increase in leadership roles/responsibilities*
______ *increase in activities initiated or led by youth*
______ ______________________________
______ ______________________________

Step 2: Process Assessment Worksheet

Leadership Skills Development

Part A: What activities were planned?

(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
class activities			
instructional sessions			
retreat sessions			

Quantity Totals:

number of sessions __________ (s) length of time for each ____________ (hr)

total hours of activity (s x hr) ______________________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

	youth from high-risk environments

What explanations can be offered for the discrepancy between the projected and the actual participation?

_____ __________________________________

_____ __________________________________

_____ __________________________________

_____ __________________________________

_____ __________________________________

Part C: How did participants evaluate the activities?

_____ *Source of evidence: Participant Assessment Form (M2)*

_____ __________________________________

_____ __________________________________

_____ __________________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Leadership Skills Development

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase leadership skills	*1. teacher rating of leadership*							
2. increase self-esteem and self-confidence	*2. self-esteem measure (M21, M22)*							
3. increase in leadership roles	*3. among students in training, count leadership roles*							
4. increase in activities initiated or led by youth	*4. count new activities, type, and participation*							

Step 1: Identify Goals and Desired Outcomes

PTA Membership Drive

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

____ *increase the number of parents who are members of the PTA*
____ *and participate in PTA activities*
____ *increase the involvement of parents in the school*
____ *increase parents' awareness of youth activities*
____ *increase parent involvement with their children*
____ ____________
____ ____________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
____	*(name of school) parents*	____
____	*parents of minority students*	____
____	____	____
____	____	____

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

____ *increase PTA membership by ____ %*
____ *achieve ____ % of attendance at PTA functions*
____ *get ____ % of PTA members involved in active/leadership*
____ *role in school activity (e.g., member of a committee,*
____ *volunteering in school, helping with a specific function)*

________ *increase the number of parent/child activities*

________ *increase the amount of time parents spend with their children*

________ ____

________ ____

Step 2: Process Assessment Worksheet

PTA Membership Drive

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
direct mailing home with students			
phone calls to nonmembers			
homeroom competition for new members			
high interest activity to bring parents to one event			
creating new activities			

Other activities or services delivered that were *not* planned:

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem
	insufficient interest from school
	not enough person power to do the tasks
	activities planned not of interest to parents

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

	parents of youth from high-risk environments
	single parents

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ *scheduled activities conflict with other things*
______ *baby-sitting problems*
______ *transportation problems*
______ ______________________________
______ ______________________________

Part C: How did participants evaluate the activities?

______ *Source of evidence: Consumer Satisfaction Form (M1)*
______ ______________________________
______ ______________________________
______ ______________________________

Part D: What feedback can be used to improve the program for the future?

____
____
____

Step 3: Outcome Assessment Worksheet

PTA Membership Drive

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase PTA membership by _____%	*1. compare # of members with membership last year*							
2. achieve _____% attendance at meetings	*2. actual attendance*							
3. involve _____% of members in leadership roles	*3. # of parents on committees, volunteering to help with activities, etc.*							

Step 3: Outcome Assessment Worksheet (continued)

PTA Membership Drive

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
4. increase # of parent/child activities	*4. count # of PTA activities that involve parent and child in joint activities; document increase over previous year*							
5. increase amount of time parents spend with children	*5. parental involvement survey (M33)*							

Step 1: Identify Goals and Desired Outcomes

Activities To Reduce School Dropouts

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *establish clear school policy on attendance*
______ *enforce attendance policies*
______ *establish early identification procedures*
______ *establish early intervention for youth from high-risk environments*
______ *develop alternative curriculum for youth at risk for dropping out of school*
______ *develop outreach service for youth with unexplained absences*
______ ______
______ ______

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	______	______
______	______	______
______	______	______
______	______	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *increase average daily attendance*
______ *increase attendance rates for students most frequently absent*

__________ *policy included in student handbook or other student and parent materials*

__________ *outreach services developed and implemented*

__________ *alternative curriculum options for youth from high-risk environments*

__________ ____

__________ ____

Step 2: Process Assessment Worksheet

Activities To Reduce School Dropouts

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
establish procedure for			
calling absentees' homes			
advertise absentee policy			
to students			
advertise absentee policy			
to families			

Quantity Totals:

number of sessions __________ (s) length of time for each ____________ (hr)
total hours of activity (s x hr) ______________________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

____
____
____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal

Total number	Total hrs	Percentage of goal	Total number (average of all sessions)	

Who was missing that you'd hoped to have participate in the program?

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ ________________________________

______ ________________________________

______ ________________________________

Part C: How did participants evaluate the activities?

______ *Source of evidence:* __________________________

______ ________________________________

______ ________________________________

______ ________________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Activities To Reduce School Dropouts

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase average daily attendance	*1. average daily attendance calculated by school*							
2. increase attendance for those most frequently absent	*2. # of days absent/present for those most frequently absent*							
3. policy available to students	*3. document policy in student materials*							
4. outreach services developed	*4. list services developed and # using them*							

Step 3: Outcome Assessment Worksheet (continued)

Activities To Reduce School Dropouts

1 **Desired Outcomes**	2 **Measure/Indicator**	3 **Observed Scores**					4 **Amount of Change**	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
5. alternative	*5. describe*							
curriculum	*alternative*							
	curriculum and # of							
	students enrolled							

Step 1: Identify Goals and Desired Outcomes

Activities To Improve School Climate

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

_____ *increase special activities and field trips*
_____ *develop student-teacher advisory group to make recommendations for improvements*
_____ *teacher training in innovative curriculum*
_____ *more positive student attitudes toward school*
_____ _____
_____ _____

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
_____	*students from high-risk environments*	_____
_____	*students in grade* _____	_____
_____	*teachers*	_____
_____	_____	_____
_____	_____	_____

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

_____ _____*(#) of special activities*
_____ *creation of a student-teacher advisory group*
_____ *enhance school climate*
_____ *more positive student attitudes toward school*
_____ _____
_____ _____

Step 2: Process Assessment Worksheet

Activities To Improve School Climate

Part A: What activities were planned?

(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
formation of student-			
teacher advisory board			
special activities and field			
trips			

Quantity Totals:

number of sessions ________ (s) length of time for each __________ (hr)
total hours of activity (s x hr) ____________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

____

____

____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	**Problem**

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	**Length of the activity**	**Percentage of time goal**	**Attendance**	**Percentage of attendance goal**

Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ ______________________________

______ ______________________________

______ ______________________________

Part C: How did participants evaluate the activities?

______ *Source of evidence:* ______________________________

______ ______________________________

______ ______________________________

______ ______________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Activities To Improve School Climate

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase in special activities	1. # of special activities							
2. creation of student/teacher advisory group	2. # of members, # of times it met; list of committee recommendations							
3. enhanced school climate	3. classroom climate scale (M35)							
4. improve student attitudes toward school	4. student attitudes toward school (M25)							

Step 1: Identify Goals and Desired Outcomes

Teacher Effectiveness Training

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

train teachers in classroom management techniques
train teachers in effective communication skills
train teachers in innovative instructional techniques

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check tne ones that apply to your program and add any others on the lines provided.

	Target Group	How many did you *want* to involve?
	teachers in grade ____	
	subject area teachers	

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

increase in student rating of teachers
decrease in student discipline incidents in the classroom of trained teachers
increase in student performance
increase in student interest with the teacher and class
increase in student satisfaction with the teacher and class
increase in use of innovative formats and materials

Step 2: Process Assessment Worksheet

Teacher Effectiveness Training

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
training sessions			

Quantity Totals:

number of sessions __________ (s) length of time for each ______________ (hr)
total hours of activity (s x hr) ______________________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

____
____
____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

____ *nonacademic subject staff*

____ *nonclassroom staff*

____ ______________________

____ ______________________

311

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ *training seen as irrelevant to staff role*

______ ______________________________

______ ______________________________

______ ______________________________

Part C: How did participants evaluate the activities?

______ *Source of evidence: Participant Assessment Form (M2)*

______ ______________________________

______ ______________________________

______ ______________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Teacher Effectiveness Training

1 **Desired Outcomes**	2 **Measure/Indicator**	3 **Observed Scores**					4 **Amount of Change**	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	**Indicate the type of evidence you have for each outcome**	None	Before	After	Before	After	**Before vs After the Project**	**Comparison Group vs Project Group**
1. increase student ratings of teachers	*1. student evaluation form (M36)*							
2. decrease in student discipline incidents	*2. count incidents in 6-month period*							
3. increase in student grades or performance	*3. calculate test performance*							
4. increase in student interest	*4. decrease in absences, better student attitudes toward school (M25)*							

Step 3: Outcome Assessment Worksheet (continued)

Teacher Effectiveness Training

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
5. increase in student satisfaction	*5. classroom environment scale (M25)*							
6. increase in use of innovative formats and materials	*6. count from lesson plans*							

Step 1: Identify Goals and Desired Outcomes

Increase Parental Visiting at School

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

_____ *increase parent volunteers in school activities*
_____ *increase opportunities for parents to be at school*
_____ _____
_____ _____
_____ _____

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
_____	*parents of students from high-risk environments*	_____
_____	*parents in grades* _____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

_____ _____*(#) of parents attending Parent Day*
_____ *increase # of parents attending teacher-parent conferences*
_____ *increase # of parents who are volunteers in the school*
_____ *increase # of parent volunteer hours at the school*
_____ _____
_____ _____

Step 2: Process Assessment Worksheet

Increase Parental Visiting at School

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
Parent Day at school			
volunteer recruitment effort			
alternative schedules for			
parent-teacher meetings			

Quantity Totals:

number of sessions ________ (s) length of time for each __________ (hr)
total hours of activity (s x hr) ______________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

**What topics or activities were planned but not covered?
What happened that these were not accomplished?**

Activity	**Problem**

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	**Length of the activity**	**Percentage of time goal**	**Attendance**	**Percentage of attendance goal**

Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

_____ *single parents*

_____ *working parents*

_____ *parents of students from high-risk environments*

_____ ______________________________

319

What explanations can be offered for the discrepancy between the projected and the actual participation?

activities scheduled during working hours

Part C: How did participants evaluate the activities?

Source of evidence: Participant Assessment Form (M2)

Part D: What feedback can be used to improve the program for the future?

Step 3: Outcome Assessment Worksheet

Increase Parental Visiting at School

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. attendance by parents at Parents Day	*1. actual attendance*							
2. increase attendance at parent-teacher conferences	*2. % of parents attending*							
3. increase parent volunteers	*3. # of parents who volunteer*							
4. increase volunteer time	*4. # of parent volunteer hours per month*							

Step 1: Identify Goals and Desired Outcomes

Increase Clubs, Extracurricular Opportunities for Students

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *increase the number of clubs through school or community center*

______ *increase the number of positions available in extracurricular activity by increasing the numbers in each activity or creating parallel activities*

______ *increasing the number of different students involved in activities*

______ ______________________________

______ ______________________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	How many did you *want* to involve?

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *increase # of clubs approved by the school and listed in the student handbook or its equivalent*

______ *increase the total # of students accommodated by these activities* *increase in clubs sponsored by local community centers*

increase # of students involved

Step 2: Process Assessment Worksheet

Increase Clubs, Extracurricular Opportunities for Students

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual

Quantity Totals:

number of sessions ________ (s) length of time for each ___________ (hr)
total hours of activity (s x hr) ______________________

	What written materials were available?	**Total distributed**
	manuals, brochures	
	other	

Total other services delivered:

____
____
____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

______ *students from high-risk environments*
______ *single parents*
______ *working parents*
______ *parents of students from high-risk environments*
______
______

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ ______________________________

______ ______________________________

______ ______________________________

______ ______________________________

Part C: How did participants evaluate the activities?

______ *Source of evidence:* ______________________________

______ ______________________________

______ ______________________________

______ ______________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Increase Clubs, Extracurricular Opportunities for Students

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase number of clubs at school	*1. count # of clubs*							
2. increase number of slots for students	*2. # of student openings*							
3. increase clubs in community	*3. count # of clubs*							
4. increase # of students involved	*4. count # of different students involved across activities*							

Step 1: Identify Goals and Desired Outcomes

Create Teen Center/Recreation Center

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

________ *provide a teen center/recreation center for youth in the community*
________ *sponsor activities regularly*
________ *develop an image for the center that is AOD free and attractive to youth in the community*
________ *develop regular attendance at the center's activities*
________ *maintain the center AOD free*
________ ________________________
________ ________________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
____	*youth in the community*	______
____	*local business sponsors*	______
____	*parents*	______
____	____________	______
____	____________	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

________ *sponsor activities at least once per week or month*
________ *youth perceive the center as attractive, desirable place to spend time*

no instances of AOD use on the premises

no instances of AOD use by youth who attend an activity
(e.g., students who drink before they come to the center)

increase student awareness of the activities

Step 2: Process Assessment Worksheet

Create Teen Center/Recreation Center

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
form planning committee			
identify site			
open center			

Quantity Totals:

number of sessions ________ (s) length of time for each __________ (hr)
total hours of activity (s x hr) ____________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

	youth from high-risk environments

What explanations can be offered for the discrepancy between the projected and the actual participation?

Part C: How did participants evaluate the activities?

Source of evidence: Consumer Satisfaction Measure (M1)

Part D: What feedback can be used to improve the program for the future?

Step 3: Outcome Assessment Worksheet

Create Teen Center/Recreation Center

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. sponsor activities weekly or monthly	*1. # of activities in week or month over 6 months*							
2. positive youth perceptions of center	*2. survey youth perceptions (M1)*							
3. no AOD use on premises	*3. check records for instances*							
4. no AOD use by attendees	*4. check records for instances of students asked to leave*							

Step 3: Outcome Assessment Worksheet (continued)

Create Teen Center/Recreation Center

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
5. increase student awareness of activities	5. survey youth in school (M6)							

Step 1: Identify Goals and Desired Outcomes

Increase AOD-Free Recreation Activities

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

	sponsor AOD-free dances, parties, picnics, and other outings
	generate good attendance and participation in these activities

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
	youth ages ____ to ____	
	youth from high-risk environments	
	minority youth	

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

	sponsor ____(#) of AOD-free activities
	achieve attendance of ____(#) at each activity
	no instances of AOD use by participants
	increase student awareness of activities

339

Step 2: Process Assessment Worksheet

Increase AOD-Free Recreation Activities

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
form planning committee			
with youth			

Quantity Totals:

number of sessions __________ (s) length of time for each _____________ (hr)
total hours of activity (s x hr) ______________________________

	What written materials were available?	Total distributed
______	manuals, brochures	
______	other	
______		

Total other services delivered:

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

students from high-risk environments

3-11

What explanations can be offered for the discrepancy between the projected and the actual participation?

_____ ____________________________

_____ ____________________________

_____ ____________________________

Part C: How did participants evaluate the activities?

_____ *Source of evidence: Consumer Satisfaction Measure (M1)*

_____ ____________________________

_____ ____________________________

_____ ____________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Increase AOD-Free Recreation Activities

1 Desired Outcomes	**2 Measure/Indicator**	**3 Observed Scores**					**4 Amount of Change**	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	**Indicate the type of evidence you have for each outcome**	**None**	**Before**	**After**	**Before**	**After**	**Before vs After the Project**	**Comparison Group vs Project Group**
1. sponsor AOD-free activities on a regular basis	*1. list activities sponsored*							
2. attendance at each activity	*2. record attendance at activities*							
3. no AOD use by participants	*3. check records for instances*							
4. increase student awareness of activities	*4. survey students (M6)*							

Step 1: Identify Goals and Desired Outcomes

Organize Parent/Child Activities

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

_____ *increase amount of time parents and children spend together*
_____ *have parents and children participate in sponsored activities*
_____ *improve family support and cohesion*
_____ _____________________________
_____ _____________________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	How many did you *want* to involve?
_____	*students and parents of grade* _____	_____
_____	*students and parents from high-risk environments*	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

_____ *parents and children participate in sponsored activities*
_____ *increase in amount of time parents and children spend together*
_____ *increase in family cohesion and support*
_____ *decrease in family conflict*
_____ _____________________________
_____ _____________________________

Step 2: Process Assessment Worksheet

Organize Parent/Child Activities

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
form planning committee			
establish list of activities			
publicize activities			

Quantity Totals:

number of sessions ________ (s) length of time for each ________ (hr)
total hours of activity (s x hr) ____________________

	What written materials were available?	**Total distributed**
	manuals, brochures	
	other	

Total other services delivered:

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal

Total number	Total hrs	Percentage of goal	Total number (average of all sessions)	

Who was missing that you'd hoped to have participate in the program?

families and youth from high-risk environments
single parent families

What explanations can be offered for the discrepancy between the projected and the actual participation?

_____ ______________________________

_____ ______________________________

_____ ______________________________

Part C: How did participants evaluate the activities?

_____ *Source of evidence: Consumer Satisfaction Measure (M1)*

_____ ______________________________

_____ ______________________________

_____ ______________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Organize Parent/Child Activities

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. parent/child participation	*1. actual attendance at each activity*							
2. increase amount of time spent together	*2. survey of time spent together*							
3. increase in family cohesion/support	*3. Family Environment Scale (M30)*							
4. decrease in family conflict	*4. Conflict Behavior Checklist (M31)*							

Step 1: Identify Goals and Desired Outcomes

Provide Supervised After-School Programs

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *reduce opportunities for children to become involved in AOD*
______ *use by providing activities and supervision*
______ *broaden exposure of youth to healthy alternatives*
______ *develop some interest in new activities*
______ ______________________________
______ ______________________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*students in grade ____*	
______	*students from high-risk environments*	______
______	*"latch-key" students*	______
______	______________________	______
______	______________________	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *maximize number of students participating in activities*
______ *create positive image of programs so that students ask to*
______ *participate*
______ *maintain safe, secure environment*
______ *develop student interest in selected activities*
______ ______________________________
______ ______________________________

Step 2: Process Assessment Worksheet

Provide Supervised After-School Programs

Part A: What Activities Were Planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
in-school classes (list sessions)			

Quantity Totals:

number of sessions __________ (s) length of time for each ______________ (hr)
total hours of activity (s x hr) ______________________________

	What written materials were available?	**Total distributed**
	manuals, brochures	
	other	

Total other services delivered:

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

353

What explanations can be offered for the discrepancy between the projected and the actual participation?

Part C: How did participants evaluate the activities?

Source of evidence: Consumer Satisfaction Measure (M1)

Part D: What feedback can be used to improve the program for the future?

Step 3: Outcome Assessment Worksheet

Provide Supervised After-School Programs

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. student	*1. attendance/*							
participation	*enrollment figures*							
	for each activity							
2. positive image	*2. survey student*							
among students	*attitudes (M11)*							
3. safe, secure	*3. # of security calls*							
environment								
4. develop new	*4. survey enrollees*							
student interests	*about other*							
	involvements							
	developing from							
	center programs							

Step 1: Identify Goals and Desired Outcomes

Peer Counseling Program

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

________ *develop positive peer support*
________ *develop a network of students available for peer counseling*
________ *peer counselors model positive, drug-free life-style*
________ *enhance school climate and student involvement in school*
________ ____________________
________ ____________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	____*(#) of peer counselors*	________
______	*students from high-risk environments*	________
______	____________________	________
______	____________________	________

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

________ *enhance school climate*
________ *achieve target number of students using the peer counseling*
________ *services*
________ *positive student attitudes toward peer counselors*
________ *put in place a network of peer counselors available at school*
________ ____________________
________ ____________________

Step 2: Process Assessment Worksheet

Peer Counseling Program

Part A: What activities were planned?

(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
student committee formed			
solicit input from school groups			
training for counselors			
establish policy			

Quantity Totals:

number of sessions ________ (s) length of time for each ____________ (hr)

total hours of activity (s x hr) ______________________________

	What written materials were available?	**Total distributed**
______	manuals, brochures	
______	other	
______		

Total other services delivered:

____

____

____

What topics or activities were planned but not covered? What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal

Total number	Total hrs	Percentage of goal	Total number (average of all sessions)	

Who was missing that you'd hoped to have participate in the program?

	youth from high-risk environments

What explanations can be offered for the discrepancy between the projected and the actual participation?

_____ *group perceived negatively by students*
_____ *activities conflict with existing programs*
_____ __________________________
_____ __________________________
_____ __________________________

Part C: How did participants evaluate the activities?

_____ *Source of evidence:*
_____ __________________________
_____ __________________________
_____ __________________________

Part D: What feedback can be used to improve the program for the future?

____
____
____

Step 3: Outcome Assessment Worksheet

Peer Counseling Program

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. enhance school	*1. school climate*							
climate	*measure (M35)*							
2. achieve target #	*2. program records*							
of students using								
services								
3. positive student	*3. attitude measure*							
attitudes toward	*(M11, M25)*							
peer counselors								
4. put in place a	*4. total # and list of*							
network of peer	*counselors*							
counselors								
available at school								

Step 1: Identify Goals and Desired Outcomes

Parent Support Groups

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

________	*increase opportunities for parents to provide mutual support*
________	*with child management problems*
________	*establish parent support groups*
________	*enhance parents' sense of competence in parenting*
________	*enhance sense of support among parents*
________	*improve family relationships and family support*
________	________
________	________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	How many did you *want* to involve?
______	*parents of children from high-risk environments*	________
______	*single parents*	________
______	________	________
______	________	________

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

________	*enhance parents' sense of competence as parents*
________	*improve family climate, family support*
________	*reduce family conflict*

________ *increase parents' sense of support from other parents*
________ *increase parental involvement in school or community activities*
________ ________________________________
________ ________________________________

Step 2: Process Assessment Worksheet

Parent Support Groups

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
form committee with			
parents			
identify network			
mechanism			
publicize support groups			

Quantity Totals:

number of sessions ________ (s) length of time for each ___________ (hr)
total hours of activity (s x hr) ______________________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

____

____

____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal

Total number	Total hrs	Percentage of goal	Total number (average of all sessions)	

Who was missing that you'd hoped to have participate in the program?

	parents of youth from high-risk environments
	single parents

What explanations can be offered for the discrepancy between the projected and the actual participation?

_____ *transportation problems*
_____ *schedule conflicts*
_____ *baby-sitting needs*
_____ __________
_____ __________
_____ __________

Part C: How did participants evaluate the activities?

_____ *Source of evidence:*
_____ __________
_____ __________
_____ __________

Part D: What feedback can be used to improve the program for the future?

____
____
____

Step 3: Outcome Assessment Worksheet

Parent Support Groups

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. enhance parents' sense of competence	*1. sense of competence measure (M29)*							
2. improve family climate	*2. Family Environment Scale (M30)*							
3. reduce family conflict	*3. family conflict measure (M31)*							
4. increase parents' sense of support	*4. sense of community measure (M37)*							

Step 3: Outcome Assessment Worksheet (continued)

Parent Support Groups

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
5. increase parental	*5. parental*							
involvement	*involvement survey*							
school and	*(M33)*							
community								
activities								

Step 1: Identify Goals and Desired Outcomes

Teacher Team Planning/Team Teaching

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

_____ *increase teachers' sense of support from peers*
_____ *increase teacher satisfaction with teaching*
_____ *increase teacher willingness to intervene on behalf of*
_____ *students at high risk of AOD use*
_____ *increase teacher knowledge about individual student needs*
_____ _____
_____ _____

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
_____	*teachers in subject area*	_____
_____	*teachers of grade* _____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

_____ *increase teacher satisfaction*
_____ *decrease teacher absentee rates*
_____ *increase # of referrals for special services from teachers*
_____ *increase sense of support/sense of community*
_____ _____
_____ _____

Step 2: Process Assessment Worksheet

Teacher Team Planning/Team Teaching

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
form committee of teachers			
establish planning time			

Quantity Totals:

number of sessions ________ (s) length of time for each ____________ (hr)
total hours of activity (s x hr) ______________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

What topics or activities were planned but not covered? What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	Total hrs	Percentage of goal	Total number (average of all sessions)	

Who was missing that you'd hoped to have participate in the program?

What explanations can be offered for the discrepancy between the projected and the actual participation?

_____ *takes too much time*

_____ *teachers need consultation in team planning*

_____ ____________________

_____ ____________________

_____ ____________________

Part C: How did participants evaluate the activities?

_____ *Source of evidence:*

_____ ____________________

_____ ____________________

_____ ____________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Teacher Team Planning/Team Teaching

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase teacher satisfaction	*1. teacher satisfaction measure (M38)*							
2. decrease teacher absences	*2. school records*							
3. increase # of referrals for services from teachers	*3. records from special services office*							
4. increase sense of support	*4. Work Environment Scale (M39)*							

Step 1: Identify Goals and Desired Outcomes

Neighborhood/Parent Watch Program

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *enhance parent/neighbor communication about youth activities*
______ *increase parental knowledge of children's activities outside school*
______ *involve parents in informal monitoring of local youth activities*
______ *increase parental sense of control with respect to their children*
______ ______
______ ______

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*parents in high-risk areas*	______
______	______	______
______	______	______
______	______	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *increase frequency of parent communication with other parents*
______ *increase parent sense of community*
______ *increase parent sense of control and influence*
______ *increase parental knowledge of youth activities*
______ ______
______ ______

Step 2: Process Assessment Worksheet

Neighborhood/Parent Watch Program

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
hold neighborhood meeting			

Quantity Totals:

number of sessions ______ (s) length of time for each ________ (hr)
total hours of activity (s x hr) ____________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

____
____
____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	**Problem**

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	**Length of the activity**	**Percentage of time goal**	**Attendance**	**Percentage of attendance goal**

Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

	parents of youth from high-risk environments

What explanations can be offered for the discrepancy between the projected and the actual participation?

_____ *inadequate advertising for initial meeting*

_____ ____________________

_____ ____________________

_____ ____________________

Part C: How did participants evaluate the activities?

_____ *Source of evidence:*

_____ ____________________

_____ ____________________

_____ ____________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Neighborhood/Parent Watch Program

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase	*1. survey parents*							
parent-to-parent	*on # of times had*							
communication	*contact with other*							
	parents							
2. increase sense	*2. sense of*							
of community	*community*							
	measure (M37)							
3. increase sense	*3. parental*							
of control	*competence scale*							
	(M29)							
4. increase parental	*4. parental*							
knowledge of	*involvement survey*							
youth activities	*(M33)*							

Step 1: Identify Goals and Desired Outcomes

Directory of Services and Resources

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *provide information about local services for AOD use*

______ __________________

______ __________________

______ __________________

______ __________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
	parents of school children	
	neighborhood associations	
	church groups	
	PTA	

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *enhance knowledge of local services for AOD use*

______ *increase community support for these services*

______ __________________

______ __________________

______ __________________

______ __________________

Step 2: Process Assessment Worksheet

Directory of Services and Resources

Part A: What Activities Were Planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
form committee			
survey agencies			
disseminate directory			

Quantity Totals:

number of sessions ________ (s) length of time for each __________ (hr)
total hours of activity (s x hr) ________________________

What written materials were available?		Total distributed
	manuals, brochures	
	other	

Total other services delivered:

____
____
____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	**Problem**

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	**Length of the activity**	**Percentage of time goal**	**Attendance**	**Percentage of attendance goal**

Total Number	**Total hrs**	**Percentage of goal**	**Total Number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

______ ____

______ ____

______ ____

______ ____

______ ____

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ ______________________________

______ ______________________________

______ ______________________________

Part C: How did participants evaluate the activities?

______ *Source of evidence:* ______________________

______ ______________________________

______ ______________________________

______ ______________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Directory of Services and Resources

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. enhance	*1. knowledge of*							
knowledge of local	*local programs*							
programs	*survey (M8)*							
2. increase	*2. # of volunteer*							
community support	*hours, # of dollars*							
for these services	*contributed, other*							
	contributions							

Step 1: Identify Goals and Desired Outcomes

Student Assistance Programs

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______	*in-school network of services for students at high risk*
______	*provide access to prevention and counseling programs*
______	______
______	______
______	______

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*students from high-risk environments*	______
______	*students in grades* ____	______
______	______	______
______	______	______
______	______	______
______	______	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______	*enhance school climate*
______	*increase student attendance*
______	*increase student sense of support from school staff*
______	*development of new services*
______	______
______	______

Step 2: Process Assessment Worksheet

Student Assistance Programs

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
form student/staff committee			
identify needed services			
specify referral procedures			
publicize program services			

Quantity Totals:

number of sessions __________ (s) length of time for each __________ (hr)
total hours of activity (s x hr) __________

	What written materials were available?	**Total distributed**
	manuals, brochures	
	other	

Total other services delivered:

____
____
____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	**Problem**

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	**Length of the activity**	**Percentage of time goal**	**Attendance**	**Percentage of attendance goal**
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

youth from high-risk environments

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ *no referrals for service*

______ *activities conflicted with existing programs*

______ ______________________________

______ ______________________________

______ ______________________________

Part C: How did participants evaluate the activities?

______ *Source of evidence:*

______ ______________________________

______ ______________________________

______ ______________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Student Assistance Programs

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. enhance school	*1. school climate*							
climate	*measure (M35)*							
2. increase student	*2. average daily*							
attendance	*attendance records*							
3. increase student	*3. school climate*							
sense of support	*measure (M35)*							
from staff								
4. develop new	*4. list of services*							
services								

Step 1: Identify Goals and Desired Outcomes

Strict Enforcement of Minimum Drinking Age

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *make it more difficult for youth to get alcoholic beverages*
______ *raise awareness of local law enforcement and alcohol*
______ *beverage control agents regarding community attitudes*
______ *toward enforcement*
______ *get local merchants to tighten enforcement procedures*
______ ______
______ ______

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*local merchants*	______
______	*law enforcement officers*	______
______	*neighborhood associations*	______
______	*church groups*	______
______	*PTA*	______
______	______	______
______	______	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *increase # of local merchants requiring identification for*
______ *purchase of alcoholic beverages*

__________ *increase # of law enforcement officers involved in*
__________ *enforcement of procedures*
__________ *increase in youth report of how difficult it is to obtain alcohol*
__________ ____________________
__________ ____________________

397

Step 2: Process Assessment Worksheet

Strict Enforcement of Minimum Drinking Age

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
meet with local merchants			
meet with law enforce-			
ment officers			
establish procedure for			
monitoring			

Quantity Totals:

number of sessions __________ (s) length of time for each ____________ (hr)
total hours of activity (s x hr) ____________________________

	What written materials were available?	**Total distributed**
	manuals, brochures	
	other	

Total other services delivered:

____

____

____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

What explanations can be offered for the discrepancy between the projected and the actual participation?

_____ ____

_____ ____

_____ ____

Part C: How did participants evaluate the activities?

_____ *Source of evidence:* ______________________________

_____ ____

_____ ____

_____ ____

Part D: What feedback can be used to improve the program for the future?

____

____

____

____

Step 3: Outcome Assessment Worksheet

Strict Enforcement of Minimum Drinking Age

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase	*1. observe*							
involvement of	*procedure*							
local merchants	*enforcement*							
2. increase	*2. police*							
involvement of law	*assignment logs*							
enforcement								
officers								
3. youth report of	*3. youth survey*							
difficulty in getting								
alcohol								

Step 1: Identify Goals and Desired Outcomes

Increase Security Near Schools, Youth Gathering Places

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *increase adult supervision of school grounds*
______ *increase security around school*
______ *establish an AOD-free area surrounding the school*
______ ______
______ ______

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*neighborhood associations*	______
______	*church groups*	______
______	*PTA*	______
______	*law enforcement agencies*	______
______	*retired law enforcement officers*	______
______	______	______
______	______	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *more adult supervision of school yards*
______ *more law enforcement patrol of school neighborhood and*
______ *heavily used paths to school*

________ *increase law enforcement patrol and adult supervision of parking areas and streets surrounding youth recreation centers*

____

____

________ ________

Step 2: Process Assessment Worksheet

Increase Security Near Schools, Youth Gathering Places

Part A: What activities were planned?

(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
solicit volunteers			
establish security schedule			

Quantity Totals:

number of sessions _________ (s) length of time for each ____________ (hr)

total hours of activity (s x hr) ______________________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

____

____

____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal

Total number	Total hrs	Percentage of goal	Total number (average of all sessions)	

Who was missing that you'd hoped to have participate in the program?

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ ______________________________________

______ ______________________________________

______ ______________________________________

Part C: How did participants evaluate the activities?

______ *Source of evidence:* ______________________________________

______ ______________________________________

______ ______________________________________

______ ______________________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Increase Security Near Schools, Youth Gathering Places

1 **Desired Outcomes**	2 **Measure/Indicator**	3 **Observed Scores**					4 **Amount of Change**	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. increase adult	*1. # of adults and*							
supervision	*time assigned to*							
	monitor yards							
2. more law	*2. police logs for*							
enforcement patrol	*assignments by*							
	targeted location							

Step 1: Identify Goals and Desired Outcomes

Strict Enforcement of Legal Penalties

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

______ *stricter enforcement of penalties for DUI and other AOD offenses*
______ *reduce incidence of plea bargains for DUI and other AOD offenses*
______ *establish community court watch program*
______ ______________________________
______ ______________________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	How many did you *want* to involve?
______	*judges*	______
______	*attorneys*	______
______	*law enforcement officers*	______
______	______	______
______	______	______

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

______ *reduce incidence of plea-bargained AOD offenses*
______ *establish court watch program with community volunteers*
______ *decrease the incidence of reduced sentences and early release in AOD offenses*
______ ______________________________
______ ______________________________

Step 2: Process Assessment Worksheet

Strict Enforcement of Legal Penalties

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual
meet with judges, district			
attorneys			
identify volunteers for			
court watch			

Quantity Totals:

number of sessions __________ (s) length of time for each ______________ (hr)
total hours of activity (s x hr) ______________________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

____
____
____

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal

Total number	Total hrs	Percentage of goal	Total number (average of all sessions)	

Who was missing that you'd hoped to have participate in the program?

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ ____
______ ____
______ ____

Part C: How did participants evaluate the activities?

______ *Source of evidence:* ________________________________
______ ____
______ ____
______ ____

Part D: What feedback can be used to improve the program for the future?

____
____
____

Step 3: Outcome Assessment Worksheet

Strict Enforcement of Legal Penalties

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. reduce incidence of plea-bargained cases	*1. match court docket with arrest records*							
2. establish court watch	*2. program records*							
3. decrease incidence of reduced sentences and early releases	*3. match court records with prison release*							

Step 1: Identify Goals and Desired Outcomes

Work for More Stringent Penalties

Part A: Make a list of the primary goals of the program.

Ask yourself: "What were we trying to accomplish?" Of the goals listed, check the ones that apply to your program and add any others on the lines provided.

________ *increase the penalties for AOD offenses*

________ ____________________________

________ ____________________________

________ ____________________________

Part B: What groups did you *want* to involve?

Ask yourself: "Whom were we trying to reach?" Of the groups listed, check the ones that apply to your program and add any others on the lines provided.

	Target Group	**How many did you *want* to involve?**
______	*lawmakers*	________
______	*court judges*	________
______	____________________	________
______	____________________	________
______	____________________	________

Part C: What outcomes were desired?

Ask yourself: "As a result of this program how would we like the participants to change? What would they learn, what attitudes, feelings, or behavior would be different?" Of the outcomes listed, check the ones that apply to your program and add any others on the lines provided.

________ *longer sentences for AOD offenses*

________ *larger fines for AOD offenses*

________ *more community service for AOD offenders*

________ ____________________________

________ ____________________________

Step 2: Process Assessment Worksheet

Work for More Stringent Penalties

Part A: What activities were planned?
(Include a brief description of the components of the program. Ask yourself: "What did we actually do to prepare for this and implement it?" Form a chronology of events constituting this program and a quantity indicator for each.)

Activity	Date	Quantity Planned	Quantity Actual

Quantity Totals:

number of sessions __________ (s) length of time for each _____________ (hr)
total hours of activity (s x hr) ________________________________

	What written materials were available?	Total distributed
	manuals, brochures	
	other	

Total other services delivered:

What topics or activities were planned but not covered?
What happened that these were not accomplished?

Activity	Problem

Part B: When was the program actually implemented (dates of activities, length of time for each) and who were the participants?

Date	Length of the activity	Percentage of time goal	Attendance	Percentage of attendance goal
Total number	**Total hrs**	**Percentage of goal**	**Total number (average of all sessions)**	

Who was missing that you'd hoped to have participate in the program?

What explanations can be offered for the discrepancy between the projected and the actual participation?

______ __________________________________

______ __________________________________

______ __________________________________

Part C: How did participants evaluate the activities?

______ *Source of evidence:* __________________________

______ __________________________________

______ __________________________________

______ __________________________________

Part D: What feedback can be used to improve the program for the future?

____

____

____

Step 3: Outcome Assessment Worksheet

Work for More Stringent Penalties

1 Desired Outcomes	2 Measure/Indicator	3 Observed Scores					4 Amount of Change	
			Project Group		Comparison Group			
List the desired outcomes from Step 1-Part C	Indicate the type of evidence you have for each outcome	None	Before	After	Before	After	Before vs After the Project	Comparison Group vs Project Group
1. longer sentences	*1. state law/*							
for AOD offenses	*average sentences*							
	from court records							
2. larger fines for	*2. state law/*							
AOD offenses	*average fines*							
	from court records							
3. more community	*3. state law/*							
service for AOD	*sentences from*							
offenders	*court records*							

Step 4: Impact Assessment

Student AOD Use and Risk Indicators

1 Impact	2 Measure or Evidence	3 Program Group Before	4 Program Group After	5 Comparison Group Before	6 Comparison Group After	7 Amount of Change
1. Reduction in youth AOD use	Drug use survey					
2. Delay of onset of youth AOD use	Drug use survey					
3. AOD-related traffic crashes involving youth drivers	Number in 12-month period					
4. Decrease in DUI arrests among youth	Number of DUI arrests 12 months before and 12 months after activities					
5. Decrease in youth AOD-related arrests	Number of arrests 12 months before and 12 months after					
6. Decrease in youth AOD-related hospital emergencies	Number of drug-related hospital emergencies					
7. Change in number of student disciplinary actions for AOD offenses	Number in school or district					
8. Change in number of youth admissions for AOD treatment	Number of admissions in region in 12-month period					

Assessment Measures

Introduction

For each outcome you want to examine, you will need some measurement of that outcome or some evidence that it occurred. What follows is a sample of instruments, questionnaires, and rating scales that could be used to measure the outcomes referenced in the workbook.

These are just suggestions. They have been included here because they are easy to use, they have been used before, and they have been shown to be reliable procedures. Many of the questionnaires could be modified to fit your particular situation. Before you use any of the measures here you need to consider several issues: (1) Is this age appropriate? (2) Will the individuals be able to read and understand the questions? (3) Are the questions relevant to the activities we are evaluating? (4) Are the measures culturally appropriate for your population?

This part of the assessment may be the most difficult, but it also may be the most crucial. You need to be sure that the instrument you use is as close as possible to the outcomes you are examining. If it is not, then you will not be able to interpret the results correctly. For example, suppose you gave a knowledge test to third graders, but it was written at a sixth-grade reading level. You will not be able to tell what the students' answers mean. It may be that they couldn't read all the words and guessed on the questions. If your measure doesn't show gains in knowledge it may not be because the students didn't learn, but rather because they couldn't understand the questions you asked them.

Some of the measures suggested here are copyrighted instruments and only a sample of the kinds of questions are included here. We have included the information you will need to purchase the materials if you decide to do so. Most of these are not expensive.

The usefulness of the information collected depends on careful attention given to data collection and analysis. There is a great deal of information available about the proper procedures for data collection, data processing, and data analysis. The Office for Substance Abuse Prevention and the National Institute on Drug Abuse have several publications describing these procedures, including the *Handbook for Evaluating Drug and Alcohol Prevention Programs* (Hawkins and Nederhood 1987), *Handbook for Prevention Assessment* (French and Kaufman 1981), and *A Guide to Evaluating Prevention Programs in Mental Health* (Price and Smith 1985). Another comprehensive reference covering assessment methods, design, data collection, and data analysis is *Research Methods in Social Relations* (Kidder et al. 1991). Consultation with assessment experts may also be helpful.

You can get help with instrument selection and construction, data collection, data analysis, and technical assistance for other problems from a number of sources, including the Regional Centers for Drug Free Schools and Communities; your State's department of education; your State agency for alcohol and drug prevention; and professors in psychology, health education, and public health at nearby universities.

Informed Consent and Confidentiality

Every assessment should consider the issues of informed consent and confidentiality in collecting information from individuals. Most school districts and agencies will already have policies in these areas, and you should become familiar with the policies. Below we will briefly review some important considerations.

Confidentiality

The information that will be collected may be sensitive and personal. Therefore, it is important to safeguard the information and ensure that no information is released about a particular individual. By protecting the identity of your participants, you protect their rights and are more likely to get a higher response rate and more accurate information. Where possible, use numbers rather than names to identify an individual participant.

Informed Consent

Informed consent involves telling participants what the study is about, how information will be used (including confidentiality), and whether there are any risks involved in taking part in the study. Then the individual is given the opportunity to participate. There should be no punishment for nonparticipation. Generally, when collecting information from children, the role of parental consent should be considered. Remember to always check school and agency policies.

There are two ways of using informed consent. *Passive informed consent* involves informing participants and, where relevant, parents about the study, risks, confidentiality, etc. Then the participant is given the opportunity to agree to participate or to decline; there is no requirement to obtain written consent. (Written consent is a signed statement that the participant has read the informed consent information and agrees to participate.) *Active informed consent* requires written consent.

Obviously, it is easier to use passive consent. Active consent requires you to wait for the written consent forms to come back. Since many of them do not get returned, this can lead to self-selection and biased samples. Again, confidentiality, risk, sensitivity of information, and local situation and policies should guide your decision.

Two sample informed consent forms, one for parents and one for students, follow.

Informed Consent Form—Parent

Dear Parent,

Your son/daughter _______________ has been selected to participate in the South Carolina Coping Skills Program (SCCOPE) and its assessment. The program is designed to prevent the abuse of drugs, alcohol, and cigarettes in teenagers seen to be at risk.

The SCCOPE program involves a 10-week group program for your son/daughter. The groups will meet once a week for 2 hours each week.

As part of the assessment, we need your help in two areas. First, we need you to tell us how your son or daughter has been acting in the last few weeks. This will involve completing the Teen Behavior Questionnaire. Second, we would like your permission to record your son/daughter's grades, school attendance, and discipline record from his/her file at school. We are hoping that the SCCOPE program will improve grades and attendance, but we need to carefully check that information from the files. We will collect this information again after your child completes the SCCOPE program, and also a year after that in order to evaluate the effects of the program.

Any and all information we collect about your child will be kept totally CONFIDENTIAL. NO ONE AT SCHOOL WILL SEE YOUR RATINGS. Your child's school records will be kept in a locked file in our office, and no one except project staff will see them. Your child will not be identified or singled out in any report or presentation of the results of this assessment.

Thank you in advance for your help with this important project. If you have questions or would like more information about the project please contact one of us care of SCCOPE Evaluation Project, Department of Psychology, USC, Columbia, SC 29208 (777-xxxx).

Sincerely,

Jean Ann Linney, Ph.D.

Informed Consent Form—Student

You have been selected to participate in the South Carolina Coping Skills Project (SCCOPE) and its assessment. The program is designed to help kids deal with decision making about cigarette smoking, alcohol, and drugs. The program is 10 weeks long, and involves a weekly group meeting for 2 hours 1 day a week.

At the beginning and end of the program you will be asked to answer some questions about your feelings and attitudes on different things. One year after the SCCOPE program, we will get in touch with you again and ask you to fill out one more questionnaire. The questionnaires will ask you about your attitudes and feelings about yourself, and your attitudes, knowledge, and use of tobacco, alcohol, and marijuana.

Everything you answer will be TOTALLY CONFIDENTIAL. NO ONE AT SCHOOL OR AT HOME WILL SEE YOUR ANSWERS. There will be a number on your questionnaire so that the assessment staff can match up your answers, but no one else will know what you say. You will never be identified by name in any report, and neither your parents nor your teachers will see what you say. Your parents will need to give their permission for you to be in the program, but they will never see or hear about any of your answers on the questionnaires.

There will be no risk or harm to you in the groups or the assessment procedures. You may drop out of the group or the assessment at any time if you choose.

If you agree to participate in the SCCOPE program and assessment, please sign in the space provided below. If you have any questions, you can contact:

SCCOPE Evaluation Project Director
Department of Psychology
University of South Carolina
Columbia, SC 29208
or call 777-xxxx

Thank you for your help.

Sincerely,
Dr. Jean Ann Linney

I understand that when I sign this I am agreeing to participate in the SCCOPE program and its assessment. I know that I can drop out of the program or the assessment at any time if I want to. I understand that any information I give about myself or my family will be kept confidential, and that no one at school or at my home will be told anything I say.

Date ____________________ Name ____________________

Be sure to take your copy of this informed consent form.

Sample Measures

PAGE

Program Satisfaction Measures

M1 Consumer Satisfaction Measure 359
M2 Participant Assessment Form 360

AOD Awareness, Attitudes, and Knowledge Measures

M3 Drug Knowledge Scale 361
M4 Cognitive Test on Basic Drug Facts 365
M5 Awareness of Community AOD Issues 367
M6 Awareness of Specific Community Activities 368
M7 Attitude Scales 369
M8 Knowledge of Local Program and AOD Services 372
M9 Parental Awareness Survey 373
M10 Attitudes Toward Intervention (Teacher Form) 375
M11 Semantic Differential Procedure for Attitude Measurement 376

Surveys of Alcohol and Other Drug Use

M12 Monitoring the Future Survey 377
M13 PRIDE Substance Use Survey 377

Youth Outcomes

M14 The Assertion Inventory 378

Problem-Solving Skills

M15 Adolescent Problem Inventory 382
M16 Group Social Problem-Solving Assessment 383

Coping Skills

M17 Intention-Based Coping Inventory 384
M18 Assessment of Behavioral Coping Skills 385
M19 Role Play Ratings 386
M20 Skill Utilization Measures 387
M21 Self-Esteem 388
M22 Other Self-Concept Measures 389

Locus of Control

M23 Nowicki-Strickland Locus of Control Scale for Children 390
M24 Alternative Activities Survey 393
M25 Student Attitudinal Inventory 394
M26 The Child Behavior Checklist 394

Family and Parent Outcomes

M27 Parenting Skills Inventory 395
M28 Parenting Satisfaction 397
M29 Parenting Sense of Competence 398
M30 Measures of Family Functioning 399

PAGE

M31 Family Issues Checklist (Teen Form) 400
M32 Sense of Control 403
M33 Parental Involvement Survey 404
M34 Parents' Attitudes About Teen Substance Use 406

School and Community Factors

M35 Classroom Environment Scale 409
M36 Student Assessment of Teachers 410
M37 Sense of Community 411
M38 Satisfaction With Teaching 412
M39 Work Environment Scale 412

Community Services Analysis

M40 Network Analysis Questionnaire 413

Other Methods

M41 Telephone Surveys 418
M42 Criteria for the Development or Selection of Drug Prevention Curriculums . 419

Consumer Satisfaction Measure (M1)

1. Overall, how would you rate this program?
   1. excellent
   2. very good
   3. satisfactory
   4. fair
   5. poor
2. How useful was this activity?
   1. very useful
   2. somewhat useful
   3. not useful
3. How well did this activity match your expectations?
   1. very well
   2. somewhat
   3. not at all
4. What should be done to improve the activity for the future?
5. Please make any other suggestions or comments you think would be helpful for future planning.

Participant Assessment Form (M2)

We would like your assessment of the program you attended today. Please fill out this questionnaire as completely, carefully, and candidly as possible.

1. How would you rate the QUALITY of the program you attended today?

1	2	3	4
excellent	good	fair	poor

2. Was the material presented in an ORGANIZED and coherent fashion?

1			4
yes, definitely	2	3	no, not at all

3. Was the material INTERESTING to you?

1			4
very interesting	2	3	not very interesting

4. Did the presenter(s) stimulate your interest in the material?

1			4
yes, definitely	2	3	no, not at all

5. Was the material RELEVANT to your needs?

1			4
very relevant	2	3	no, not at all relevant

6. How much did you LEARN from the program?

1			4
a great deal	2	3	nothing

7. How USEFUL would you say the material in the program will be to you in the future?

1			4
extremely useful	2	3	not at all useful

8. The thing I liked best about the program is

____

9. The aspect of this program most in need of improvement is

____

Drug Knowledge Scale (M3)

1. Which of the following is not a name for marijuana
    a. cannabis
    b. grass
    c. joint
    d. pan
    e. reefer
2. LSD can be detected by
    a. its smell
    b. its taste
    c. its color
    d. its size
    e. none of the above
3. Amphetamines are
    a. stimulants
    b. depressants
    c. physically addicting
    d. narcotics
4. Which of the following is not a tranquilizer:
    a. thorazine
    b. compazine
    c. methedrine
    d. stelazine
5. Codeine is used medically to
    a. help people relax
    b. help relieve pain
    c. help people sleep
    d. help people become alert
6. A person who uses marijuana a lot may
    a. become addicted
    b. use more in order to feel the effects
    c. think he can't get along without it
    d. try heroin
7. Some research with white blood cells tends to indicate that LSD
    a. dissolves chromosomes
    b. destroys vision
    c. causes chromosomal mutations
    d. causes chromosomes to break
8. Which of the following is not a stimulant?
    a. benzedrine
    b. methedrine
    c. reserpine
    d. amphetamine
9. The term "speed" refers to
    a. barbiturates
    b. amphetamines
    c. marijuana
    d. LSD
    e. narcotics
10. A drug user who increased the amount of a drug in order to obtain the same effect is developing a(n)
    a. physical dependency
    b. tolerance
    c. addiction
    d. psychological dependency
11. Hashish is a(n)
    a. concentrated form of opium
    b. amphetamine
    c. concentrated form of marijuana
    d. physically addicting drug
12. LSD is sometimes referred to as
    a. pot
    b. cube
    c. speed
    d. zap
13. Amphetamines are sometimes called
    a. red-devils
    b. goof-balls
    c. yellow-jackets
    d. pep-pills
14. Barbiturates are sometimes called
    a. pep-pills
    b. goof-balls
    c. truck drivers
    d. hard stuff

15. Marijuana grows in the climate of
    a. Africa
    b. South America
    c. Northeastern United States
    d. all of the above

16. Peyote is a(n)
    a. mushroom
    b. small cactus
    c. root
    d. herb

17. Extensive use of barbiturates may cause
    a. needing more to feel the effects
    b. a feeling that you can't get along without it
    c. physical addiction
    d. all of the above

18. The effects of a drug on a person are a result of
    a. previous experience with the drug
    b. the amount of drug taken
    c. the person's unique personality
    d. all of the above

19. Which of the following is nonaddicting?
    a. codeine
    b. barbiturates
    c. marijuana
    d. heroin

20. Benzedrine and dexedrine are
    a. depressants
    b. amphetamines
    c. narcotics
    d. barbiturates

21. Barbiturates are
    a. stimulants
    b. depressants
    c. nonaddicting
    d. available without prescription

22. The fastest way to feel the effects of marijuana is by
    a. smoking it in a cigarette
    b. inhalation of fumes
    c. eating it in a capsule
    d. injecting it in a blood vessel

23. LSD can cause
    a. blindness
    b. deafness
    c. hallucinations
    d. all of the above

24. Which of the following has the least potential for psychological dependence?
    a. cannabis
    b. dexedrine
    c. doriden
    d. alcohol

25. Which of the following is **not** a long-term effect of narcotic use?
    a. loss of appetite and weight
    b. impotence
    c. sterility
    d. high blood pressure

26. Which is the most powerful of the hallucinogens?
    a. peyote
    b. marijuana
    c. LSD
    d. mescaline

27. Continual use of amphetamines can lead to
    a. physical dependence
    b. tolerance
    c. psychological dependence
    d. all of the above are possible outcomes of continual use

28. Which of the following drugs has the highest death rate upon withdrawal from physical dependence?
    a. heroin
    b. amphetamines
    c. barbiturates
    d. cocaine

29. Demerol is a(n)
    a. artificial narcotic
    b. stimulant for low blood pressure
    c. mild tranquilizer
    d. ingredient in many cough medicines

30. One effect that marijuana does **not** result in is
    a. decreased appetite
    b. feeling of elation
    c. change of perception
    d. impairment of judgment and coordination

31. Use of LSD does **not** result in
    a. a psychotic episode
    b. "flashbacks"
    c. increased intelligence
    d. severe anxiety reactions

32. Which of the following would be most dangerous to consume while barbiturates are in one's system?
    a. marijuana
    b. amphetamines
    c. alcohol
    d. LSD

33. Tincture of opium is medically used for
    a. stomach upset
    b. depressed persons
    c. increasing activity level
    d. it is never used medically

34. The effects of marijuana are most similar to
    a. heroin
    b. amphetamines
    c. morphine
    d. LSD

35. Which of the following is not considered to be an hallucinogen?
    a. marijuana
    b. LSD
    c. DMT
    d. SDC

36. Which of the following is least likely to cause death upon use or an overdose?
    a. heroin
    b. barbiturates
    c. amphetamines
    d. morphine

37. Under the Federal law barbiturates are classified as follows:
    a. high potential for abuse, some medical use
    b. high potential for abuse, no medical use
    c. dangerous drug
    d. narcotic

38. Which of the following does not produce physical dependency?
    a. morphine
    b. cocaine
    c. codeine
    d. heroin

39. Heroin is typically
    a. smoked
    b. eaten
    c. injected into a vein
    d. injected into an artery

40. Marijuana is legally classified by the Federal Government in the following way:
    a. high potential for abuse, some medical use
    b. high potential for abuse, no medical use
    c. hallucinogen
    d. narcotic

41. Medically speaking LSD is called an hallucinogen but legally speaking it is referred to as follows:
    a. high potential for abuse, no medical use
    b. opiate
    c. high potential for abuse, some medical use
    d. depressant

Source: "Accountability in Drug Education: A Model for Evaluation," eds. Abrams, L.A.; Garfield, E.F.; and Swisher, J.D. Washington, DC: Drug Abuse Council, Inc., 1973.

Key:
1 d
2 e
3 a
4 c
5 b
6 c
7 c
8 c
9 b
10 b
11 c
12 b
13 d
14 b
15 d
16 b
17 d
18 d
19 c
20 b
21 b
22 a
23 c
24 a
25 c
26 c
27 c
28 c
29 a
30 a
31 c
32 c
33 a
34 d
35 d
36 c
37 a
38 b
39 c
40 b
41 c

Cognitive Test on Basic Drug Facts (M4)

Select the term that completes the statement, and place it in the blank.

acid addiction AIDS alcohol amphetamines barbiturates central nervous system

1. ____________________ is an overpowering, recurrent, excessive need for a substance that is used in spite of the costs to one's physical, social, emotional, or economic well-being.
2. ____________________ causes the body to lose its natural defense against disease, making it vulnerable to many illnesses that it is then unable to fight off.
3. ____________________ is a central nervous system depressant found in beer, wine, and hard liquor.
4. ____________________ are synthetically produced central nervous system stimulants.
5. ____________________ are sedative hypnotic drugs that depress the central nervous system.
6. ____________________ refers to the brain and spinal cord, the primary systems affected by psychoactive drugs.
7. ____________________ is the street term for LSD.

Circle the term that best completes the statement.

8. In general parents and teachers should suspect drug use if they observe
   - a. normal mood changes
   - b. increased interest in fashion
   - c. a best friend uses drugs
   - d. increased appetite
9. Cocaine is commonly believed to
   - a. increase the heart rate
   - b. be a licit drug
   - c. be water insoluble
   - d. increase intellect
10. Daniel is trying to reduce the amount of alcohol he drinks. Every time he visits his parents his mother offers him a drink. To act assertively, Daniel should
    - a. tell his mother that people do not need drinks in order to have a pleasant visit.
    - b. ask his mother not to drink in his presence.
    - c. ask his mother not to offer him a drink.
    - d. none of the above
11. Marijuana grows in the climate of
    - a. Africa
    - b. South America
    - c. Northeastern United States
    - d. All of the above

Write T if you think the item is true and F if you think it is false.

______ 12. Hypertension is not associated with regular, heavy drinking.

______ 13. Alcohol can cause bleeding sores in the stomach.

______ 14. Alcohol contributes to slightly more than 75 percent of all traffic accidents each year.

______ 15. A woman who drinks during pregnancy does not increase her risk of having a baby with birth defects.

______ 16. Alcohol is high in calories.

______ 17. Hallucinogens change the way people see thinks.

______ 18. People who often use depressants should see a doctor before they stop taking drugs.

______ 19. Individuals who abuse drugs may have difficulty making decisions.

______ 20. A person using narcotics does not need more and more to feel its effects.

Source: Southeast Regional Center for Drug-Free Schools and Communities. Atlanta, GA, 1989. Teams are encouraged to add or delete test items, depending on the objective of the activity.

Key:

1. addiction
2. AIDS
3. alcohol
4. amphetamines
5. barbiturates
6. central nervous system
7. acid
8. C
9. A
10. C
11. D
12. F
13. T
14. T
15. F
16. T
17. T
18. T
19. T
20. F

Awareness of Community AOD Issues (M5)

The following questions could be administered by telephone interview or by anonymous surveys completed at a local shopping mall, supermarket, etc. The questions measure citizen attitudes, awareness, and accuracy in how serious the AOD problems are in their community. The answers to question number 7 should be compared with a local drug use survey for accuracy.

1. Do you think there is a "drug problem" in this country as a whole?

   Yes   No   I don't know

2. Do you think there is a "drug problem" in our city?

   Yes   No   I don't know

3. Do you think there is a "drug problem" in your neighborhood?

   Yes   No   I don't know

4. How much concern about the "drug problem" is expressed by the adults in the city?

   too little   enough   too much

5. Do you think the "drug problem" in our country has gotten worse in the past year(s)?

   Yes   No   I don't know

   If no, do you think the drug situation has improved in the last year?

   Yes   No   I don't know

6. Do you think the "drug problem" in your neighborhood has gotten worse in the past year(s)?

   Yes   No   I don't know

   If no, do you think the drug situation has improved in the last year?

   Yes   No   I don't know

7. What percentage of the teenagers in our community would you say use marijuana?

   ______ percent

Awareness of Specific Community Activities (M6)

The following questions provide a format that can be modified for use in a community survey assessing awareness of specific program activities. Questions could be administered by telephone interview or by surveys completed at a local shopping mall, supermarket, etc.

1. Have you received any printed information about rates of drug and alcohol use in our community in the last month?

   If yes, what was that information? ______________ (Compare description with actual campaign. Code "yes" if matches campaign—this indicates awareness.)

2. Have you seen any antidrug TV advertising recently that you thought was really effective?

   If yes, ask them to describe the advertisement:

3. What else do you think should be done to deal with the problem of illegal drugs and alcohol use in our community?

Attitude Scales (M7)

1. Drugs are basically an "unnatural" way to enjoy life.
    a. strongly agree
    b. agree
    c. have no opinion
    d. disagree
    e. strongly disagree
2. I see nothing wrong with taking an LSD trip.
    a. strongly agree
    b. agree
    c. have no opinion
    d. disagree
    e. strongly disagree
3. I'd have to be pretty sick before I'd take any drug, including an aspirin.
    a. strongly agree
    b. agree
    c. have no opinion
    d. disagree
    e. strongly disagree
4. Teachers ought to encourage their students to experiment with drugs.
    a. strongly agree
    b. agree
    c. have no opinion
    d. disagree
    e. strongly disagree
5. Pep pills are a stupid way of keeping alert when there's important work to be done.
    a. strongly agree
    b. agree
    c. have no opinion
    d. disagree
    e. strongly disagree
6. I wish I could get hold of some pills to calm me down whenever I get "uptight."
    a. strongly agree
    b. agree
    c. have no opinion
    d. disagree
    e. strongly disagree

7. Students should be told about the harmful side effects of certain drugs.
   a. strongly agree
   b. agree
   c. have no opinion
   d. disagree
   e. strongly disagree
8. All drugs should be made licit and freely available.
   a. strongly agree
   b. agree
   c. have no opinion
   d. disagree
   e. strongly disagree
9. Even if my best friend gave me some hash, I probably wouldn't use it.
   a. strongly agree
   b. agree
   c. have no opinion
   d. disagree
   e. strongly disagree
10. In spite of what the establishment says, the drug scene is really "where it's at."
    a. strongly agree
    b. agree
    c. have no opinion
    d. disagree
    e. strongly disagree
11. As a general rule of thumb, most drugs are dangerous and should be used only with medical authorization.
    a. strongly agree
    b. agree
    c. have no opinion
    d. disagree
    e. strongly disagree
12. I admire people who like to get stoned.
    a. strongly agree
    b. agree
    c. have no opinion
    d. disagree
    e. strongly disagree

13. Taking any kind of dope is a pretty dumb idea.
   a. strongly agree
   b. agree
   c. have no opinion
   d. disagree
   e. strongly disagree
14. I would welcome the opportunity to get high on drugs.
   a. strongly agree
   b. agree
   c. have no opinion
   d. disagree
   e. strongly disagree

Source: "Accountability in Drug Education: A Model for Evaluation," eds. Abrams, L.A.; Garfield, E.F.; and Swisher, J.D. Washington, DC: Drug Abuse Council, Inc., 1973.

Attitude scale scoring: Odd numbered items are scored as follows: a = 5, b = 4, c = 3, d = 2, and e = 1. Even numbered items are scored as follows: a = 1, b = 2, c = 3, d = 4, and e = 5. Scores can range from 14 to 70. Higher scores represent antidrug, conservative attitudes, lower scores represent more liberal, prodrug attitudes.

Knowledge of Local Program and AOD Services (M8)

These questions can be used to assess awareness of services and programs in your community. They might be used with lay citizens, students, or professionals.

Each question could be supplemented with an additional item asking the respondent to rate the program or activity on a scale from 1 (excellent) to 5 (poor). (See Covert 1977 for more details on construction of rating scales.)

1. If someone in your family was having a problem with alcohol or drug use, are you aware of any agencies or programs that could provide some assistance? If so, name the agencies.

   ____

   ____

2. If someone in your family was having emotional problems, where would you go for help? Names of agencies:

   ____

   ____

3. Do you know anything about *(ask about specific programs in the community)*? What is your impression of this program?

   ____

   ____

   Would you consider using the services available in this program?

   yes no maybe

   Do you know anyone who has been involved with this program?

   yes no

4. What kinds of services or programs do you think our community needs?

   ____

   ____

412

Parental Awareness Survey (M9)

Please answer the following questions with respect to the average response within your child's school. If you have more than one child, answer the questions with respect to the child who is closest to 14 years of age.

1. At what age do students who smoke cigarettes start smoking?
    1. Under 10
    2. 10-11
    3. 12-13
    4. 14-15
    5. 16-17
    6. 18-19
    7. Over 20
2. At what age do students who drink alcohol start drinking?
    1. Under 10
    2. 10-11
    3. 12-13
    4. 14-15
    5. 16-17
    6. 18-19
    7. Over 20
3. At what age do students who use cocaine start using it?
    1. Under 10
    2. 10-11
    3. 12-13
    4. 14-15
    5. 16-17
    6. 18-19
    7. Over 20
4. How often do students smoke marijuana?
    1. Once a year
    2. 6 times a year
    3. Once a month
    4. Twice a month
    5. Once a week
    6. 3 times a week
    7. Every day
5. How often do students use cocaine?
    1. Once a year
    2. 6 times a year
    3. Once a month
    4. Twice a month
    5. Once a week
    6. 3 times a week
    7. Every day
6. Where do students usually drink alcohol?
    1. Home
    2. School
    3. In a car
    4. Friend's home
    5. Other
7. Where do students usually smoke marijuana?
    1. Home
    2. School
    3. In a car
    4. Friend's home
    5. Other
8. Where do students usually use inhalants?
    1. Home
    2. School
    3. In a car
    4. Friend's home
    5. Other
9. When do students usually smoke cigarettes?
    1. Before school
    2. During school
    3. After school
    4. Weeknights
    5. Weekends

10. When do students usually drink wine coolers?
    1. Before school
    2. During school
    3. After school
    4. Weeknights
    5. Weekends
11. Do students feel beer is harmful to their health?
    1. No
    2. Sometimes
    3. Very much
    4. Don't know
12. Do students feel marijuana is harmful to their health?
    1. No
    2. Sometimes
    3. Very much
    4. Don't know
13. Do students feel cocaine is harmful to their health?
    1. No
    2. Sometimes
    3. Very much
    4. Don't know
14. How easy is it for students to get marijuana?
    1. Cannot get
    2. Fairly difficult
    3. Fairly easy
    4. Very easy
    5. Don't know
15. How easy is it for students to get cocaine?
    1. Cannot get
    2. Fairly difficult
    3. Fairly easy
    4. Very easy
    5. Don't know

Source: Southeast Regional Center for Drug-Free Schools and Communities. Atlanta, GA, 1989.

Responses on this inventory would be compared to incidence and prevalence rates from a local drug use survey. The closer the estimates from this inventory are to those of the drug use survey, the more accurately aware citizens and parents are of actual substance use.

Attitudes Toward Intervention (M10)
(Teacher Form)

1. It is not part of my job to screen students for alcohol and other drug use.

   strongly agree　　agree　　disagree　　strongly disagree*

2. I don't feel qualified to judge whether a student is experimenting with drugs and alcohol.

   strongly agree　　agree　　disagree　　strongly disagree*

3. I have referred students in the past for psychological or counseling services.

   many times*　　a few times　　once or twice　　not at all

4. My job as a teacher is easier if students come into the classroom alert, drug free, and ready to learn.

   strongly agree　　agree　　disagree　　strongly disagree

5. Once a student is referred for alcohol or drug use everyone knows about it and the student's reputation is damaged.

   strongly agree　　agree　　disagree　　strongly disagree*

6. Parents appreciate having a teacher recognize a drug or alcohol problem in their child.

   strongly agree*　　agree　　disagree　　strongly disagree

7. The school administration helps teachers respond to parents' concerns after their son or daughter has been referred for possible drug or alcohol use.

   strongly agree*　　agree　　disagree　　strongly disagree

Responses with the * represent attitudes supportive of intervention and individuals more likely to make a referral or intervene. Total scores can be calculated by assigning a 4 to the response with an asterisk, and a 3, 2, and 1 to each of the other responses respectively.
Source: Project SCCOPE, Department of Psychology, University of South Carolina.

Semantic Differential Procedure for Attitude Measurement (M11)

Place a check in the space between the word pairs below that you think best describes (concept name).

hot ____ / ____ / ____ / ____ / ____ / ____ / ____ cold

good ____ / ____ / ____ / ____ / ____ / ____ / ____ bad

strong ____ / ____ / ____ / ____ / ____ / ____ / ____ weak

worthless ____ / ____ / ____ / ____ / ____ / ____ / ____ valuable

small ____ / ____ / ____ / ____ / ____ / ____ / ____ large

pleasant ____ / ____ / ____ / ____ / ____ / ____ / ____ unpleasant

nice ____ / ____ / ____ / ____ / ____ / ____ / ____ awful

hard ____ / ____ / ____ / ____ / ____ / ____ / ____ soft

heavy ____ / ____ / ____ / ____ / ____ / ____ / ____ light

active ____ / ____ / ____ / ____ / ____ / ____ / ____ passive

noisy ____ / ____ / ____ / ____ / ____ / ____ / ____ quiet

Semantic differential procedure from Osgood, C.E., Suci, G.J., and Tannenbaum, P.H. *The Measurement of Meaning*. Urbana: University of Illinois Press, 1957.

Can be used with an unlimited number of concepts. Score by assigning number from 1 to 7 to each space, with 7 being the most positive. Sum the ratings. Can be scored for three dimensions of assessment, potency, and activity. See Osgood et al. for details.

Monitoring the Future Survey (M12)

The *Monitoring the Future Survey* is a self-administered instrument. It is administered annually to a national sample of high school seniors. The survey includes questions about alcohol, tobacco, and other drug use; background information, general health practices, and attitudes and aspirations. There are data available on high school seniors for the past 10 years.

The measure is not copyrighted and can be obtained from Lloyd D. Johnston at the Institute for Social Research, University of Michigan, Ann Arbor, MI. The instrument is also reprinted in the *Handbook for Evaluating Drug and Alcohol Prevention Programs* by Hawkins and Nederhood (see bibliography for complete reference). You can obtain a copy of the Handbook from the Office for Substance Abuse Prevention.

PRIDE Substance Use Survey (M13)
(copyrighted measure)

PRIDE, USA (Parents Resource Institute for Drug Education) has developed a self-administered, computer-scored substance use survey in two forms, one for elementary school age children and a second for middle school and high school students. The questions ask about frequency and intensity of drug and alcohol use, accessibility of illicit substances, peer use, and knowledge of effects.

The measure can be purchased from PRIDE, USA, The Hurt Building, 50 Hurt Plaza, Atlanta, GA 30303.

417

The Assertion Inventory (M14)

Many people experience difficulty in handling interpersonal situations requiring them to assert themselves in some way, for example, turning down a request, asking a favor, giving someone a compliment, expressing disapproval or approval, etc. Please indicate your degree of discomfort or anxiety in the space provided *before* each situation listed below. Utilize the following scale to indicate degree of discomfort:

1 = none
2 = a little
3 = a fair amount
4 = much
5 = very much

Then, go over the list a second time and indicate *after* each item the probability or likelihood of your displaying the behavior if actually presented with the situation.* For example, if you rarely apologize when you are at fault, you would mark a "4" after that item. Utilize the following scale to indicate response probability:

1 = always do it
2 = usually do it
3 = do it about half the time
4 = rarely do it
5 = never do it

*NOTE: It is important to cover your discomfort ratings (located in front of the items) while indicating response probability. Otherwise, one rating may contaminate the other and a realistic assessment of your behavior is unlikely. To correct for this, place a piece of paper over your discomfort ratings while responding to the situations a second time for response probability.

Degree of Discomfort	Situation	Response Probability
________	1. Turn down a request to borrow your car	________
________	2. Compliment a friend	________
________	3. Ask a favor of someone	________
________	4. Resist sales pressure	________
________	5. Apologize when you are at fault	________
________	6. Turn down a request for a meeting or date	________
________	7. Admit fear and request consideration	________

Degree of Discomfort	Situation	Response Probability
______	8. Tell a person you are intimately involved with when he/she says or does something that bothers you	______
______	9. Ask for a raise	______
______	10. Admit ignorance in some areas	______
______	11. Turn down a request to borrow money	______
______	12. Ask personal questions	______
______	13. Turn off a talkative friend	______
______	14. Ask for constructive criticism	______
______	15. Initiate a conversation with a stranger	______
______	16. Compliment a person you are romantically involved with or interested in	______
______	17. Request a meeting or a date with a person	______
______	18. Your initial request for a meeting is turned down and you ask the person again at a later time	______
______	19. Admit confusion about a point under discussion and ask for clarification	______
______	20. Apply for a job	______
______	21. Ask whether you have offended someone	______
______	22. Tell someone that you like them	______
______	23. Request expected service when such is not forthcoming, e.g., in a restaurant	______
______	24. Discuss openly with the person his/her criticism of your behavior	______
______	25. Return defective items, e.g., store or restaurant	______

Degree of Discomfort		Situation	Response Probability
________	26.	Express an opinion that differs from that of the person you are talking to	________
________	27.	Resist sexual overtures when you are not interested	________
________	28.	Tell the person when you feel he/she has done something that is unfair to you	________
________	29.	Accept a date	________
________	30.	Tell someone good news about yourself	________
________	31.	Resist pressure to drink	________
________	32.	Resist a significant person's unfair demands	________
________	33.	Quit a job	________
________	34.	Resist pressure to use drugs	________
________	35.	Discuss openly with the person his/her criticism of your work	________
________	36.	Request the return of borrowed item	________
________	37.	Receive compliments	________
________	38.	Continue to converse with someone who disagrees with you	________
________	39.	Tell a friend or someone with whom you work when he/she says or does something that bothers you	________
________	40.	Ask a person who is annoying you in a public situation to stop	________

Please give the following information about yourself: (optional)

1. Sex: Male____ Female____

2. Age:____

3. Race: Asian____ Black____ Chicano____ White____ Other____

4. Highest level of education achieved to date:

Grade School____ College____
High School____ Graduate School____

5. Religion: None____ Catholic____ Jewish____ Protestant____ Other____

6. Occupation: ____

7. Marital Status: Single____ Married____ Separated____ Divorced____ Widowed____

Source: Gambrill, E.D., and Richey, C.A. An assertion inventory for use in assessment and research. *Behavior Therapy* 6:550–561. Copyright 1975 by the Association for the Advancement of Behavior Therapy.

Adolescent Problem Inventory (M15)
(copyrighted measure)

The Adolescent Problem Inventory is a 44-item measure of social and behavioral skills. The items present a problematic situation and ask the youth what they would do in that situation to solve the problem. Youth choose from among multiple choices or write out what they would do.

A wide variety of situations are presented, including

A friend suggests buying booze illegally.
You come home late at night and your father is waiting for you and is angry.
Your friend is upset because you dated a girl he likes.
You are bored and want some fun.
Your mother hassles you about going to church.

The measure is copyrighted and can be obtained from the author, Barbara Freedman Brigham, Department of Psychiatry, Dean Medical Center, 1313 Fish Hatchery Road, Madison, WI 53715 or from Richard M. McFall, Department of Psychology, Indiana University, Bloomington, IN 47405.

You can read more about the measure in Freedman, B.J.; Rosenthal, L.; Donahoe, C.P. Jr.; Schlundt, D.G.; and McFall, R.M. A social-behavioral analysis of skill deficits in delinquent and nondelinquent adolescent boys. *Journal of Consulting and Clinical Psychology* 46 (6):1448–1462, 1978.

Group Social Problem-Solving Assessment (M16)

The Group Social Problem-Solving Assessment presents the student with problem situations to which they indicate what problem solutions might be possible, what the consequences of each action might be, and what obstacles or barriers need to be considered. The problems include situations of peer exclusion, embarrassment, and blocked access to goals. Other situations specific to alcohol and drug situations could be constructed.

The measure can be obtained from Maurice Elias, Department of Psychology, Livingston Campus, Tillett Hall, Rutgers University, New Brunswick, NJ 08903.

You can read more about the measure in Elias, M.J.; Rothbaum, P.A.; and Gara, M. Social cognitive problem solving in children: Assessing the knowledge and application of skills. *Journal of Applied Developmental Psychology* 7:77–94, 1986.

Intention-Based Coping Inventory (M17)

This measure presents five different types of problems (with family, school, health, etc.) and lists a series of eight ways in which an individual might try to cope with problems (talking with friends or adults, trying to relax, seeking distractions, etc.). On a scale ranging from "Never" to "Usually," the subject is asked to indicate how often he or she uses each of the coping mechanisms in each of the different problem situations.

The Intention-Based Coping Inventory (T.A. Wills, 1986) is copyrighted. It appeared in *Health Psychology* 5:503–529, published by Erlbaum Publishing, 365 Broadway, Hillsdale, NJ 07642.

Assessment of Behavioral Coping Skills (M18)

The Assessment of Behavioral Coping Skills measures stress management skills, decision making skills, social skills, communication skills, and assertiveness skills. The student is presented with five video tapes of situations that teenagers often have to deal with. After each video, the student is asked a series of questions about how he or she would deal with the situation. The responses are coded on several dimensions including total number of alternatives generated, the effectiveness of those alternatives, and the appropriateness of the alternatives.

The videotaped situations and coding instructions for this measure can be obtained from Project SCCOPE, Department of Psychology, University of South Carolina, Columbia, SC 29208.

1. Why is Rob upset?

2. What can Rob do to make a friend? Be as specific as you can and write down as many things as you can think of.

3. What different things could Rob say to start a conversation with someone? Be as specific as you can and write down as many things as you can think of.

Role Play Ratings (M19)

In the group setting, have the participants take turns role playing situations that involve the skills to be learned. The group leader rates the participants on their ability to use the skills.

Each participant could be rated by the group leader on a five-point rating scale indicating how skilled the individual is at using the skill appropriately and effectively.

5	Excellent use of the skill
4	Good use of the skill
3	Adequate
2	Poor use of the skill
1	Very poor use of the skill

Skills to be rated might include the following:

Active listening	5	4	3	2	1
Stress management	5	4	3	2	1
Behavioral contracting	5	4	3	2	1
Decision making skills	5	4	3	2	1
generating alternatives	5	4	3	2	1
considering consequences	5	4	3	2	1
Assertiveness	5	4	3	2	1
Understanding the feelings of others	5	4	3	2	1

Source: Project SCCOPE, Department of Psychology, University of South Carolina, Columbia, SC 29208.

Skill Utilization Measures (M20)

In the past month how often do you think you have used each of the following coping skills?

1. *Self-improvement skills* like goal setting, specifying behavior, self-reward for accomplishments?

_________ not that I can remember

_________ once or twice

_________ 3 to 8 times

_________ more than 10 times

2. *Anxiety management skills* like relaxation, mental rehearsal, and deep breathing?

_________ not that I can remember

_________ once or twice

_________ 3 to 8 times

_________ more than 10 times

3. *Assertiveness skills* such as saying "no," asking for what you want, standing up for what you want?

_________ not that I can remember

_________ once or twice

_________ 3 to 8 times

_________ more than 10 times

4. *Social skills* like starting a conversation, keeping a conversation going, asking questions?

_________ not that I can remember

_________ once or twice

_________ 3 to 8 times

_________ more than 10 times

Source: Project SCCOPE, Department of Psychology, University of South Carolina, Columbia, SC 29208.
Additional skills unique to your program can be added and irrelevant skills can be deleted.

Self-Esteem (M21)

How would you describe yourself on the following characteristics. For each one, put a check in the column that fits you best.

	very much like me	pretty much like me	not much like me	not like me
confident				
unreliable				
happy				
easy going				
moody				
friendly				
easily angered				
makes friends easily				
gets along with teachers				
responsible				
intelligent				
lazy				
forgetful				
attractive				
punctual				
generous				
helpful				
uncooperative				
shy				
open minded				
a leader				

Source: Adolescent Diversion Project, Department of Psychology, Michigan State University.

Score this self-esteem measure by assigning a 4 to the most positive descriptive category, a 3 to the next most positive, a 2 to the next, and a 1 to the least positive. For example, on the characteristic "confident," if the student checked "very much like me," she would get a 4; if she checked "not much like me," she would get a 2. Add the scores for each item to get a total score for self-esteem.

Other Self-Concept Measures (M22)

Piers-Harris Children's Self-Concept Scale "The Way I Feel About Myself"

140 items answered yes/no, third-grade reading level

Piers, E.V. *The Piers-Harris children's self concept scale: Research monograph No 1.* Nashville, TN: Counselor Recordings and Tests, 1976.

Harter Perceived Competence Test

Thirty items. Pictures present two drawings of children in common activities. Child selects picture that is most like him or her. Measure is scored for five dimensions: cognitive competence, physical competence, social acceptance, peer acceptance, and maternal acceptance.

This can be obtained from Susan Harter, Ph.D. Department of Psychology, University of Denver, Denver, CO.

Nowicki-Strickland Locus of Control Scale for Children (M23)

1. Do you believe that most problems will solve themselves if you just don't fool with them? Yes No
2. Do you believe that you can stop yourself from catching a cold? Yes No
3. Are some kids just born lucky? Yes No
4. Most of the time do you feel that getting good grades means a great deal to you? Yes No
5. Are you often blamed for things that just aren't your fault? Yes No
6. Do you believe that if somebody studies hard enough he or she can pass any subject? Yes No
7. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway? Yes No
8. Do you feel that if things start out well in the morning that it's going to be a good day no matter you do? Yes No
9. Do you feel that most of the time parents listen to what their children have to say? Yes No
10. Do you believe that wishing can make good things happen? Yes No
11. When you get punished does it usually seem it's for no good reason at all? Yes No
12. Most of the time do you find it hard to change a friend's (mind) opinion? Yes No
13. Do you think that cheering more than luck helps a team to win? Yes No
14. Do you feel that it's nearly impossible to change your parents' mind about anything? Yes No
15. Do you believe that your parents should allow you to make most of your own decisions? Yes No
16. Do you feel that when you do something wrong there's very little you can do to make it right? Yes No
17. Do you believe that most kids are just born good at sports? Yes No
18. Are most of the other kids your age stronger than you are? Yes No
19. Do you feel that one of the best ways to handle most problems is just not to think about them? Yes No
20. Do you feel that you have a lot of choice in deciding who your friends are? Yes No

21. If you find a four-leaf clover, do you believe that it might bring you good luck? Yes No
22. Do you often feel that whether you do your homework has much to do with what kind of grades you get? Yes No
23. Do you feel that when a kid your age decides to hit you, there's little you can do to stop him or her? Yes No
24. Have you ever had a good luck charm? Yes No
25. Do you believe that whether or not people like you depends on how you act? Yes No
26. Will your parents usually help you if you ask them to? Yes No
27. Have you felt that when people were mean to you it was usually for no reason at all? Yes No
28. Most of the time, do you feel that you can change what might happen tomorrow by what you do today? Yes No
29. Do you believe that when bad things are going to happen they just are going to happen no matter what you try to do to stop them? Yes No
30. Do you think that kids can get their own way if they just keep trying? Yes No
31. Most of the time, do you find it useless to try to get your own way at home? Yes No
32. Do you feel that when good things happen they happen because of hard work? Yes No
33. Do you feel that when somebody your age wants to be your enemy, there's little you can do to change matters? Yes No
34. Do you feel that it's easy to get friends to do what you want them to do? Yes No
35. Do you usually feel that you have little to say about what you get to eat at home? Yes No
36. Do you feel that when someone doesn't like you there's little you can do about it? Yes No
37. Do you usually feel that it's almost useless to try in school because most other children are just plain smarter than you are? Yes No
38. Are you the kind of person who believes that planning ahead makes things turn out better? Yes No
39. Most of the time, do you feel that you have little to say about what your family decides to do? Yes No
40. Do you think it's better to be smart than to be lucky? Yes No

Source: Nowicki, S., and Strickland, B. R. A locus of control scale for children. *Journal of Consulting and Clinical Psychology* 40(1):148–154, 1973. Copyright 1973 by the American Psychological Association. Reprinted by permission.

Key: Score 1 for each item marked as follows. Higher scores indicate perceptions of greater control or internal locus of control.

1 yes	2 no	3 no	4 no	5 yes
6 no	7 yes	8 yes	9 no	10 yes
11 yes	12 yes	13 no	14 yes	15 no
16 yes	17 yes	18 yes	19 yes	20 no
21 yes	22 no	23 yes	24 yes	25 no
26 no	27 yes	28 no	29 yes	30 no
31 yes	32 no	33 yes	34 no	35 yes
36 yes	37 yes	38 yes	39 yes	40 no

For an abbreviated scale for use with grades 3–6, use items 1, 7, 9, 10, 14, 16, 17, 18, 19, 23, 27, 29, 31, 33, 35, 36, 37, 38, 39.

For an abbreviated scale for use with grades 7–12, use items 1, 5, 7, 9, 11, 12, 16, 17, 19, 23, 27, 29, 31, 33, 35, 36, 37, 38, 39.

Alternative Activities Survey (M24)

Section A is for students to complete.

1. How often are you bored outside of school?

   Never Seldom Sometimes Often Always

2. When you are with your friends, how often does it seem like there is nothing to do besides hang out?

   Never Seldom Sometimes Often Always

3. What activities are you aware of in your community for you to have fun, including those you do not participate in (e.g., sports clubs, music groups, church groups). List them:

4. Put a check by any of the above activities that you have participated in within the past 6 months.

5. What activities would you like to have available that are not available?

6. What new activities have started in the last year?

7. What makes an activity fun to you?

Source: Southeast Center for Drug-Free Schools and Communities, The Hurt Building, 50 Hurt Plaza, Atlanta, GA 30303.

Student Attitudinal Inventory (M25)
(copyrighted measure)

The Student Attitudinal Inventory measures a variety of student attitudes, including attitudes toward school and teachers and attitudes toward drug use. The items are self-administered in questionnaire format. Students indicate how strongly they agree with a set of statements.

The measure can be purchased from S. Kim at the Charlotte Drug Education Center, Charlotte, NC.

The Child Behavior Checklist (M26)
(copyrighted measure)

The Child Behavior Checklist is a 123-item rating scale to be completed by a teacher or parent (two forms available). There is also a parallel youth form. The items assess behavior in school or at home.

The measure can be obtained from T.M. Achenbach, University of Vermont, 1 S. Prospect St., Burlington, VT 05401.

Parenting Skills Inventory (M27)

True False 1. You expect different things from a child than from an adult.

True False 2. Ignoring a behavior, say a tantrum, will only make it get worse next time.

True False 3. The best way of gaining your child's attention when he is watching TV is to shout over it.

True False 4. A 1-year-old child should be able to stop crying when the parent says to stop.

True False 5. A behavior that is followed by praise or a smile is likely to occur more in the future.

True False 6. One reason why your child may not do what you say is because there are other things going on at the same time as you are talking.

True False 7. Children usually go through a stage where they try to show they are independent.

True False 8. A good idea for parents is to leave well enough alone—that is, to attend more to the misbehaving child and less to the well-behaved child.

True False 9. One of the first things to do when you want to get your child's attention is to make sure you have eye contact.

True False 10. There is something wrong with a child who won't cooperate with what his/her parents tell him/her to do.

True False 11. When a problem behavior continues even though it is punished, we should make the punishment last longer.

True False 12. Children often tell parents what they are feeling by the way they sit or stand.

True False 13. A 2-year-old child should be able to take care of him/herself (for example, feeding, dressing).

True False 14. To change a child's behavior we first need to know why the child acts in a particular way.

True False 15. Children have the same feelings as their parents, they just express them differently.

True False 16. Babies like to put everything in their mouth because that is one way of learning about the world.

True False 17. How frequently we reward a child should depend on their attention span.

True False 18. Telling an angry child that you sense he's angry will only make it worse.

True False 19. The only punishment that some children understand is spanking.

True False 20. An adult's attention is one thing most children will work hard for.

True False 21. The best parents never let their children know they are angry at them.

True False 22. A 1-year-old child should be able to tell right from wrong.

True False 23. Negative attention—scolding, warnings, being yelled at—are rewarding for a child if this is how they get attention.

True False 24. It's not a good idea for parents to share their feelings with their children.

True False 25. As children grow older, they think in different ways.

True False 26. The best punishment is withholding a reward.

True False 27. Talking to a young child in "baby talk" is the best way to communicate with him/her.

True False 28. Children who are toilet trained early will be smarter and better behaved when they get older.

True False 29. Telling your child exactly what you expect from him is better than telling him to be "good."

True False 30. Young children only listen to a loud voice.

Answer Key:

1-T
2-F
3-F
4-F
5-T
6-T
7-T
8-T
9-T
10-F
11-F
12-T
13-F
14-F
15-T
16-T
17-F
18-F
19-F
20-T
21-F
22-F
23-T
24-F
25-T
26-T
27-F
28-F
29-T
30-F

Source: Hereford, C.F. *Changing Parental Attitudes Through Group Discussion*. Austin, TX: University of Texas Press, 1963.

Parenting Satisfaction (M28)

Satisfaction with parenting can be measured very simply with the use of a procedure developed by Cantril (1965). The procedure involves showing parents a picture of a ladder with nine rungs. The bottom rung is be identified as the "worst parenting you could expect" and the top rung as the "best parenting you could expect."

Parents are asked a series of questions about their parenting and told to use the rungs of the ladder to show how they feel about each.

For more information about this procedure see *The Pattern of Human Concerns* by H. Cantril, Rutgers University Press, 1965.

Parenting Sense of Competence (M29)

Please provide a rating for each of the items below, indicating how competent you feel about your abilities in these areas.

a. very competent
b. fairly competent
c. somewhat competent
d. not very competent
e. not at all competent

How do you feel about your competence and ability in . . .

1.	caring for your children when they are sick or upset	a	b	c	d	e
2.	helping your children solve problems	a	b	c	d	e
3.	providing adequate time for your children	a	b	c	d	e
4.	being a good parent	a	b	c	d	e
5.	providing emotional support for your children	a	b	c	d	e
6.	maintaining a close relationship with your children	a	b	c	d	e
7.	providing a good role model for your children	a	b	c	d	e
8.	disciplining your children	a	b	c	d	e
9.	giving advice to your children	a	b	c	d	e
10.	meeting the needs of your children	a	b	c	d	e
11.	establishing and enforcing rules for your children's behavior	a	b	c	d	e
12.	obtaining needed resources for your children	a	b	c	d	e

Source: Kazak, A., and Linney, J.A. Stress, coping and life change in the single parent family. *American Journal of Community Psychology* 11:207–220, 1983.

Score by adding items. a = 5, b = 4, c = 3, d = 2, e = 1

Measures of Family Functioning (M30)

1. **Family Environment Scale:**

   90 items, true/false format. Assesses conflict; cohesion; expressiveness; independence; achievement orientation; intellectual-cultural orientation; active-recreation orientation; and moral-religious emphasis, organization, and control.

   The Family Environment Scale by Rudolf H. Moos can be purchased from Consulting Psychologists Press, Inc., 577 College Avenue, Palo Alto, CA 94306.

2. **Family Assessment Measure:**

   Three instruments and seven scales assessing task accomplishment, role performance, communication, affective expression, involvement, control, and values and norms.

   Available from Lisa Johnson, FAM Coordinator, Addiction Research Foundation, 33 Russell Street, Toronto, Ontario, Canada M5S 2S1.

3. **Family Health and Lifestyle Inventory: Form R**

   Multiple test battery, including the Family Environment Scale, the Child Behavior Checklist, Knowledge of Child Discipline Principle, demographics, and youth and parent alcohol and drug use.

   Available from Karol L. Kumpfer, Ph.D., Department of Health Education, HPERN-215, University of Utah, Salt Lake City, UT 84103.

Family Issues Checklist (M31)
(Teen Form)

Here is a list of topics that parents and teens sometimes talk about at home. Circle YES for the topics that you and your parent(s) have talked about in the last 4 weeks. Circle NO for those that have not come up in the last 4 weeks. Then go back over the list and for the topics circled YES write how many times in the last 4 weeks that topic came up. Finally, using the five-point scale below, rate how "hot" the talks about these topics were.

How hot were the discussions?

1	2	3	4	5
calm	mild disagreement	a little angry	fairly angry	very angry

	TOPIC			# TIMES					
1.	Telephone calls.	yes	no	________	1	2	3	4	5
2.	Time for going to bed.	yes	no	________	1	2	3	4	5
3.	Cleaning up bedroom.	yes	no	________	1	2	3	4	5
4.	Doing homework.	yes	no	________	1	2	3	4	5
5.	Putting away clothes.	yes	no	________	1	2	3	4	5
6.	Using the television.	yes	no	________	1	2	3	4	5
7.	Cleanliness (washing, showers, brushing teeth).	yes	no	________	1	2	3	4	5
8.	Which clothes to wear.	yes	no	________	1	2	3	4	5
9.	How neat clothing looks.	yes	no	________	1	2	3	4	5
10.	Making too much noise at home.	yes	no	________	1	2	3	4	5
11.	Table manners.	yes	no	________	1	2	3	4	5
12.	Fighting with brothers or sisters.	yes	no	________	1	2	3	4	5
13.	Cursing.	yes	no	________	1	2	3	4	5
14.	How money is spent.	yes	no	________	1	2	3	4	5
15.	Picking books or movies.	yes	no	________	1	2	3	4	5
16.	Allowance.	yes	no	________	1	2	3	4	5
17.	Going places without parents (shopping, movies, etc.).	yes	no	________	1	2	3	4	5
18.	Playing stereo or radio too loudly.	yes	no	________	1	2	3	4	5
19.	Turning off lights in house.	yes	no	________	1	2	3	4	5

1	2	3	4	5
calm	mild disagreement	a little angry	fairly angry	very angry

	TOPIC			# TIMES					
20.	Drugs.	yes	no	________	1	2	3	4	5
21.	Taking care of records, games, bikes, pets, and things.	yes	no	________	1	2	3	4	5
22.	Drinking beer or other liquor.	yes	no	________	1	2	3	4	5
23.	Buying records, games, toys, and things.	yes	no	________	1	2	3	4	5
24.	Going on dates.	yes	no	________	1	2	3	4	5
25.	Who should be friends.	yes	no	________	1	2	3	4	5
26.	Selecting new clothing.	yes	no	________	1	2	3	4	5
27.	Sex.	yes	no	________	1	2	3	4	5
28.	Coming home on time.	yes	no	________	1	2	3	4	5
29.	Getting to school on time.	yes	no	________	1	2	3	4	5
30.	Getting low grades in school.	yes	no	________	1	2	3	4	5
31.	Getting in trouble in school.	yes	no	________	1	2	3	4	5
32.	Lying.	yes	no	________	1	2	3	4	5
33.	Helping out around the house.	yes	no	________	1	2	3	4	5
34.	Talking back to parents.	yes	no	________	1	2	3	4	5
35.	Getting up in the morning.	yes	no	________	1	2	3	4	5
36.	Bothering parents when they want to be left alone.	yes	no	________	1	2	3	4	5
37.	Bothering teenager when he/she wants to be left alone.	yes	no	________	1	2	3	4	5
38.	Putting feet on furniture.	yes	no	________	1	2	3	4	5
39.	Messing up the house.	yes	no	________	1	2	3	4	5
40.	What time to have meals.	yes	no	________	1	2	3	4	5
41.	How to spend free time.	yes	no	________	1	2	3	4	5
42.	Smoking.	yes	no	________	1	2	3	4	5

1 calm	2 mild disagreement	3 a little angry	4 fairly angry	5 very angry

	TOPIC			# TIMES					
43.	Earning money away from the house.	yes	no	________	1	2	3	4	5
44.	What teen eats.	yes	no	________	1	2	3	4	5

Adapted from Prinz, R.; Foster, S.; Kent, J.; and O'Leary, D. Multivariate assessment of conflict in distressed and nondistressed mother-adolescent dyads. *Journal of Applied Behavior Analysis* 12:691–700, 1979.

Scoring: Total number of issues checked is an index of quantity of conflict. Intensity index: multiply the number of times each issue occurs by the score for "how hot," sum these, and take an average.

Sense of Control (M32)

This measure lists nine questions relating to a sense of control over one's life. On a scale of 1 to 6, the subject is asked to rate how strongly he or she agrees with the statement ("strongly disagree" to "strongly agree"). When scored, the responses give an indication of the degree to which an individual believes others, self, or chance controls what happens to him or her.

The Sense of Control measure (H. Levenson, 1974) is copyrighted. It appeared in "Activism and powerful others: distinctions within the concept of internal-external control," *Journal of Personality Assessment* 38:377–383, published by Erlbaum Publishing, 365 Broadway, Hillsdale, NJ 07642.

Parental Involvement Survey (M33)

Please answer the following questions with respect to your son or daughter. If you have more than one child, answer the questions with respect to the child who is closest to 14 years of age.

1. How many PTA meetings have you attended in the last year? ____________
2. How many parent-teacher conferences regarding your child have you attended in the last year? ____________
3. List any youth organizations (e.g., Scouts, sports teams, music groups, church groups) you are involved with at least once per week.

   ____

   ____

4. How often do you know where your child is outside of school hours?

   1 = never 5 = always 1 2 3 4 5

5. How often do you know whom your child is with outside of school hours?

   1 = never 5 = always 1 2 3 4 5

The following questions should be answered with the following scale:

1 = never 2 = once a year 3 = monthly 4 = weekly 5 = daily

6. How often do you spend time with your child in sports or athletics?

   1 2 3 4 5

7. How often do you and your child go to movies together?

   1 2 3 4 5

8. How often do you and your child go camping, fishing, hunting?

   1 2 3 4 5

9. How often do you and your child go on vacations together?

   1 2 3 4 5

10. How often do you and your child visit relatives?

    1 2 3 4 5

11. How often do you instruct your child in some skill/activity?

    1 2 3 4 5

12. How often do you and your child participate in purchased activities (e.g., concerts, sporting events, going out to dinner) together?

    1 2 3 4 5

13. How often do you and your child talk about day-to-day things?

1 2 3 4 5

14. How often do you and your child eat together at home?

1 2 3 4 5

15. How often do you and your child watch TV together or engage in some other spontaneous activities at home?

1 2 3 4 5

Source: Southeast Regional Center for Drug-Free Schools and Communities, Atlanta, GA, 1989.

Parents' Attitudes About Teen Substance Use (M34)

Read each of these statements and indicate on a scale of 1 to 5 how much you **agree or disagree with each statement.**

	Strongly Agree	Agree	Don't Agree or Disagree	Disagree	Strongly Disagree
1. It's okay for teens to smoke cigarettes if they have their parents' permission.	1	2	3	4	5
2. It's my job as a parent to keep my teen from picking up the smoking habit.	1	2	3	4	5
3. Whether or not a parent smokes cigarettes doesn't affect a teen's decision to smoke.	1	2	3	4	5
4. If my teenager began smoking, it would have a very serious negative effect on his/her health.	1	2	3	4	5
5. I would be really upset if I found out my teenager smoked cigarettes.	1	2	3	4	5
6. I would do everything possible to stop my son/daughter from smoking.	1	2	3	4	5
7. Most teenagers smoke cigarettes so my son/daughter's smoking doesn't really worry me.	1	2	3	4	5
8. As a parent there is little or nothing I can do to keep my teen from smoking cigarettes.	1	2	3	4	5
9. It should be illegal to sell cigarettes to teens.	1	2	3	4	5

	Strongly Agree	Agree	Don't Agree or Disagree	Disagree	Strongly Disagree
10. It's all right for a teen to smoke cigarettes occasionally as long as they don't pick up the habit.	1	2	3	4	5
11. It is okay for teens to drink alcohol if they have their parents' permission.	1	2	3	4	5
12. It is my job as a parent to keep my teenager from using alcohol.	1	2	3	4	5
13. Whether or not a parent drinks alcohol doesn't influence a teenager's decision to use alcohol.	1	2	3	4	5
14. If my teenager began to use alcohol it would have a very serious negative effect on his/her health or adjustment.	1	2	3	4	5
15. I would be very upset if I found out that my teenager drank alcohol.	1	2	3	4	5
16. I would do everything possible to keep my son/daughter from using alcohol.	1	2	3	4	5
17. Most teenagers drink alcohol so my son/daughter's drinking doesn't really worry me.	1	2	3	4	5
18. As a parent there is little or nothing I can do to keep my teenager from drinking alcohol.	1	2	3	4	5
19. Adults who allow teens to drink at parties in their homes should be arrested.	1	2	3	4	5

	Strongly Agree	Agree	Don't Agree or Disagree	Disagree	Strongly Disagree
20. It is okay for a teenager to have one or two drinks as long as they don't get drunk.	1	2	3	4	5
21. It's okay for teens to smoke marijuana if they have their parents' permission.	1	2	3	4	5
22. It's my job as a parent to keep my teenager from using marijuana.	1	2	3	4	5
23. Whether or not a parent smokes marijuana doesn't affect a teen's decision to smoke.	1	2	3	4	5
24. If my teen began to use marijuana, it would have a very serious negative effect on him/her.	1	2	3	4	5
25. I would be very upset if I found out that my teenager used marijuana.	1	2	3	4	5
26. I would do everything possible to keep my son/daughter from using marijuana.	1	2	3	4	5

Source: Linney, J.A.; Forman, S.G.; and Egan, M.C. *Assessment of Parental Attitudes Toward Substance Use.* Project SCCOPE Technical Report #6, University of South Carolina, Columbia, SC 29208, 1990.

Scoring: The items form 6 subscales: 1) rejection of alcohol use, items 11(r), 12, 14, 15, 16, 17(r), 19, 20(r); 2) rejection of marijuana use, items 21(r), 22, 24, 25, 26, 27(r), 29, 30(r); 3) rejection of tobacco use, items 2, 4, 5, 6, 9, 8(r); 4) parental sense of helplessness, items 8, 18, 28; 5) parental modeling effects, items 3, 13, 23; 6) parental permission, items 1, 7, 10.

Items with an (r) should be weighted in the reverse for scoring (response of 5 should be added as a 1, response of 4 should be added as a 2, etc.)

Classroom Environment Scale (M35)
(copyrighted measure)

The Classroom Environment Scale measures nine aspects of the classroom environment. Each area has nine true-false questions like those below.

Involvement	Students put a lot of energy into what they do here.
Affiliation	Students in this class get to know each other very well.
Teacher Support	This teacher spends very little time just talking with students.
Task Orientation	Almost all class time is spent on the lesson for the day.
Competition	Students don't feel pressured to compete here.
Order and Organization	This is a well-organized class.
Rule Clarity	There is a clear set of rules for students to follow.
Teacher Control	There are very few rules to follow.
Innovation	New ideas are always being tried out here.

The Classroom Environment Scale by Edison J. Trickett and Rudolf H. Moos can be purchased from Consulting Psychologists Press, Inc., 577 College Avenue, Palo Alto, CA 94306.

Student Assessment of Teachers (M36)

Circle the number that best describes how you feel about the teachers in this school.

1. Teachers in this school understand kids.

1 strongly disagree	2 disagree	3 not sure	4 agree	5 strongly agree

2. Teachers in this school treat kids fairly.

1 strongly disagree	2 disagree	3 not sure	4 agree	5 strongly agree

3. Teachers in this school "pick on" students.

1 strongly disagree	2 disagree	3 not sure	4 agree	5 strongly agree

4. Teachers in this school really care about the students.

1 strongly disagree	2 disagree	3 not sure	4 agree	5 strongly agree

5. Teachers in this school care about the feelings of their students.

1 strongly disagree	2 disagree	3 not sure	4 agree	5 strongly agree

6. Teachers in this school put a lot of effort into their teaching in the classroom.

1 strongly disagree	2 disagree	3 not sure	4 agree	5 strongly agree

7. Teachers in this school try to make schoolwork interesting for students.

1 strongly disagree	2 disagree	3 not sure	4 agree	5 strongly agree

Source: Project SCCOPE, Department of Psychology, University of South Carolina, Columbia, SC 29208.

Scoring: Add the numbers circled; reverse #3 so that 5 = 1, 4 = 2, 2 = 4, 5 = 1.

Sense of Community (M37)

For each of the following I'd like you to tell me how you feel about your home or community.

	Strongly Agree	Agree	Don't Agree or Disagree	Disagree	Strongly Disagree
1. I think my community is a good place for me to live.	1	2	3	4	5
2. People in my community share the same values.	1	2	3	4	5
3. My neighbors and I want the same things from this community.	1	2	3	4	5
4. I can recognize most of the people who live in my community.	1	2	3	4	5
5. I feel at home in this community.	1	2	3	4	5
6. Very few of my neighbors know me.	1	2	3	4	5
7. I care about what my neighbors think of my actions.	1	2	3	4	5
8. I have influence over what this community is like.	1	2	3	4	5
9. If there is a problem in this community people who live here can get it solved.	1	2	3	4	5
10. It is very important to me to live in this particular community.	1	2	3	4	5
11. People in this community get along with each other.	1	2	3	4	5
12. I expect to live in this community for a long time.	1	2	3	4	5

Source: Chavis, D.M.; Florin, P.; Rich, R. and Wandersman, A. *The role of block associations in crime control and community development: The Block Booster Project.* Final Report to the Ford Foundation, 1987.

Scoring: Add the scores for items 1 to 5 and 7 to 12. For item 6, recode so that a 1 = 5, 2 = 4, 3 = 3, 4 = 2, 5 = 1.

Satisfaction With Teaching (M38)

Satisfaction with teaching can be measured very simply with the use of a procedure developed by Cantril (1965). The procedure involves showing teachers a picture of a ladder with nine rungs. The bottom rung is identified as the "worst teaching situation you could expect" and the top rung as the "best teaching situation you could expect."

Teachers are asked a series of questions about their teaching and instructed to use the rungs of the ladder to show how they feel about each.

For information about this procedure see *The Pattern of Human Concerns* by H. Cantril, Rutgers University Press, 1965.

Work Environment Scale (M39)
(copyrighted measure)

The Work Environment Scale measures 10 aspects of the workplace environment. Each area has 10 true-false questions like those below.

Involvement:	The work is really challenging.
Peer Cohesion:	People go out of their way to help a new employee feel comfortable.
Staff Support:	Supervisors tend to talk down to staff.
Task Orientation:	Few employees have any important responsibilities.
Competition:	People pay a lot of attention to getting work done.
Work Pressure:	There is constant pressure to keep working.
Clarity:	Things are sometimes pretty disorganized.
Control:	There's a strict emphasis on following policies and regulations.
Innovation:	Doing things in a different way is valued.
Physical Comfort:	It sometimes gets too hot.

The Work Environment Scale by Rudolf H. Moos can be purchased from Consulting Psychologists Press, Inc., 577 College Avenue, Palo Alto, CA 94306.

Network Analysis Questionnaire (M40)

Dear ______________________,

In our efforts to measure how drug-prevention activities are being coordinated and implemented in your community, we would like to ask you to assist us in making our records more complete.

Attached is a list of many possible agencies, organizations, groups, and individuals that might be involved in some aspect of drug prevention—at the State, regional/district, and local levels. Please go through the list and answer the three questions given below (and abbreviated at the top of each page), for as many of the listings as you can. You need to answer Question 2 and 3 for each listing *only if* you are able to answer Question 1.

This task should take about 10–15 minutes—thank you for your cooperation.

Question 1: If you know the person(s) in this agency, group, or role (if any) *who is involved in drug prevention/education*, please write their name. **Only give names of people who are actively involved in drug prevention/education efforts.**

Question 2: How many times have you talked with this person about drug prevention/education in the last year?

Qeustion 3: How many times have you talked with this person about drug prevention/education in the last month?

PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME: ____
STATE: ____
AGENCY: ____
POSITION: ____

NOTE: ON THE FOLLOWING PAGES, IF YOU WANT TO GIVE MORE THAN ONE NAME FOR ANY LISTING, PLEASE WRITE ON BACK AND ANSWER THE SAME QUESTIONS FOR THEM.

STATE LEVEL	Name of person involved in drug prev/educ?	Times you have talked to in last year?	Times you have talked to in last month?
Governor			
Director of "Governor's initiative"			
Attorney General's Office			
U.S. Senator			
Dept. of Education			
School Superintendent			
DEA Reduction Officer			
Dept. of Justice Juvenile Rep.			
Dept. of Mental Health/Mental Retardation			
Coordinator of DHR or Public Health (A&D)			
State Legislators or Legislative Comm.			
Children's Council/Serv.			
College or Univ. Program			
State PTA Chairperson			
State School Board			
State Highway/Patrol			
State 4-H Office			
State Boy Scouts Office			
Civic/Service Assoc.			
Student Organizations			
Professional Organ.			
NEA Student Affiliate			
Religious Organ.			
Private Sector			

STATE LEVEL	Name of person involved in drug prev/educ?	Times you have talked to in last year?	Times you have talked to in last month?
Please list any additional State level agency, group, or role, and answer the same 3 questions:			

REGIONAL/DISTRICT LEVEL	Name of person involved in drug prev/educ?	Times you have talked to in last year?	Times you have talked to in last month?
U.S. Congressperson			
Educational Specialists (RESA)			
Private/Public Treatment Programs			
CADRE			
Additional Regional/ District Level:			

LOCAL LEVEL	Name of person involved in drug prev/educ?	Times you have talked to in last year?	Times you have talked to in last month?
Mayor			
City Councilpersons			
County Councilpersons			
School Board Chair			
CADRE			
Superintendents			
Principals			
Counselors			
Curriculum Coordinator			
Drug Education Coordinator			
Teachers			
Coaches			
PTA			
Parent Groups			
Student Groups			
4-H			
Girl Scouts/Club			
Boy Scouts/Club			
Juvenile Judge/ Court Officer			
Health Department			
College/University			
Parks/Recreation Program			
Chamber of Commerce/ Private Sector			
Media Programs (TV, Radio, Newspaper)			

LOCAL LEVEL	Name of person involved in drug prev/educ?	Times you have talked to in last year?	Times you have talked to in last month?
Additional Local Level:			

Comments/Suggestions:

Telephone Surveys (M41)

Telephone surveys can be a useful way to get information and ideas from the community. There are several places in this workbook where telephone surveys are suggested, e.g., to determine how a program is perceived by citizens or to measure awareness of a particular program.

Telephone surveys don't have to be elaborate to be useful in assessment. The basic steps are

1. Decide who you want to talk to: parents in your school, residents of the neighborhood, the whole community
2. Draft a questionnaire asking the information you are interested in knowing. Be sure to keep the language straightforward and simple because people will need to understand the question when they hear it over the phone. Try to keep the whole telephone conversation to under 10 minutes.
3. Generate a pool of telephone numbers to choose from. If your group of interest is the parents of a school, the school may have those telephone numbers. If you are interested in the whole community you might use the telephone directory. Choose a sample of the telephone numbers on your list. There are sophisticated strategies for determining how to choose those numbers and how many. However, for our purposes it may be sufficient to take every 10th number on the list, for example. You should determine how many calls you can make given your resources. Suppose you handle 100 calls and your list includes 2000 numbers. Then call every 20th number on the list.
4. Make a recording sheet for each number to be called so that callers can write down the answers they hear.
5. Write a standard introduction and explanation for each caller to describe who you are, what you are doing and why, and how long the interview will take. Give each respondent a chance to say "yes I will participate" or "no I don't want to."
6. Recruit callers/interviewers. There are a number of volunteer groups who could make the calls such as PTA members or student groups. Make sure that everyone making calls is pleasant and polite on the phone.
7. Test the questionnaire to find out if any questions are ambiguous or not understandable and to get some ideas about the kind of responses you will get. Modify the questionnaire based on this pilot test.
8. Train your interviewers in using the questionnaire. Have them practice interviewing each other.
9. Start calling.

You can get assistance in telephone survey techniques from a local university. Many universities have Survey Centers. The following book is also recommended:

Lavrakas, P.J. *Telephone Survey Methods: Sampling, Selection and Supervision*, Beverly Hills, CA: Sage Publishers, 1987.

Criteria for the Development or Selection of Drug Prevention Curriculums (M42) (Weighted Version)

CURRICULUM INFORMATION SHEET

Title: ______

Ordering Information: ______

Telephone: ______

Contact Person: ______

Cost: ______

Materials: ______

Teacher Edition: ______

Student Edition: ______

Workbooks: ______

Videos: ______

Consumables: ______

Training: ______

(Initial) ______

(Subsequent) ______

(Location) ______

Consulting: ______

Assessment Costs: ______

Time Needed to Implement: ______

Training of Teachers: ______

The Curriculum: ______

CURRICULUM ASSESSMENT INSTRUMENT

The most important part of the curriculum is the content. Using the checklist provided below, evaluate each criteria using a numerical value up to and including the possible total points designated in the parentheses preceding each criteria. If you do not assign at least 1 point to the first two criteria, do not proceed.

General (15 Points)

______ (2) Contains a clearly stated, no-use philosophy

______ (2) Supports a total abstinence approach to alcohol, tobacco, and other drugs for schoolaged children

______ (3) Demonstrates respect for the laws and values of society

______ (3) Promotes healthy, safe, and responsible attitudes and behavior both in and out of the school environment

______ (4) Includes strategies to involve parents, family members and the community in the effort to prevent the use of tobacco, alcohol, and other drugs

______ (1) Contains differential programming for targeted or diverse populations

Drug Information (30 Points)

______ (9) Stresses the unhealthy and harmful effects of tobacco, alcohol, and other drugs

______ (9) Contains alcohol, tobacco, and other drug specific factual and accurate information

______ (7) Contains appropriate intervention and resource information—such as referral sources both within the school and the community

______ (5) Contains appropriate information concerning legal consequences to self and others

Personal/Social Responsibility (25 Points)

______ (6) Demonstrates that each individual is unique and valued and has an important role in society

______ (6) Focuses on the social consequences of drug use and the effect drug use has on self-esteem

______ (7) Disarms the sense of personal invulnerability

______ (6) Builds in awareness and resistance to influences (family, peer, community, and media) that encourage alcohol and other drug use

Skill Building (35 Points)

Contains skill building exercises in the following areas:

______ (6) self-concept/self-empowerment

______ (6) healthy relationships

______ (7) communication and refusal

______ (5) team building/group dynamics

______ (6) decision making/critical thinking

______ (5) personal responsibility

Organization (15 Points)

______ (3) Contains learning objectives which are well-defined, behavioral and measurable and includes both long-term and short-term outcomes as identified by the district

______ (2) Includes both cognitive and affective objectives

______ (2) Is grade and age appropriate

______ (3) Is capable of being integrated into and/or reinforced in a variety of subject areas

______ (5) Promotes a comprehensive approach to health education

INSTRUCTIONAL STRATEGIES AND METHODOLOGIES

(25 Points)

Research findings show that a variety of instructional methods to accommodate different learning styles provides for a more effective curriculum. Using the checklist provided below, determine the types of instructional methods used in the curriculum that match specified objectives.

The program includes

A variety of instructional methods:

______ (2) Simulation exercises
______ (1) Socratic instruction (questioning)
______ (1) Student-centered learning
______ (2) Applied learning activities
______ (2) AV materials associated with the media
______ (2) Small group discussion
______ (1) Opportunities to learn and practice skills related to the objectives of the program
______ (2) Sample tests or other assessment methods
______ (1) Uses "healthy" peers as role models—not recovering alcoholics or addicts

Activities that focus on developing

______ (2) decision-making skills
______ (2) refusal skills
______ (2) critical thinking skills
______ (2) goal setting skills
______ (2) self-responsible behavior
______ (1) self-esteem/self-empowerment

CURRICULUM MATERIALS
(10 Points)

The curriculum materials are an important element in the overall effectiveness of the curriculum. The following is a list of basic criteria which should be met. The curriculum materials should be

_______ (2) Current (published or revised within the last four years)
_______ (1) Grade appropriate
_______ (1) Relevant to the program objective
_______ (1) Free from cultural, ethnic, and sex bias
_______ (1) Teacher friendly
_______ (1) Durable and safe (no jagged edges or loose parts)
_______ (1) Capable of being easily updated
_______ (1) Referenced
_______ (1) Transportable

COMMITMENT TO TIME
(10 Points)

The amount of time that a school district can devote to drug prevention is limited; therefore, time is an important element.

Does the curriculum package include

_______ (3) Sufficient time for the objectives to be met
_______ (2) Time frames for implementation which fit the scheduling needs of the district
_______ (3) Time frames and conditions for teacher training
_______ (2) Time frames and conditions for teacher retraining

COMMUNITY-SPECIFIC CRITERIA
(25 Points)

Identifying and matching district-specific criteria with the curriculum allows for greater likelihood of success. This list is not comprehensive; it is a starting point for the curriculum assessment team. There are undoubtedly many other factors that can and should be identified. Use the blank lines provided at the bottom of this page to include any additional criteria that have been identified as needs in your community.

______ (3) Does the curriculum include materials that are relevant to ethnic groups represented in the district?

______ (3) Does the cost of the curriculum fit within the funds available?

______ (1) Does the program provide for annual content assessment?

______ (2) Does the program match the time frame available for development and implementation?

______ (3) Is there availability of trainer and/or technical assistance to implement the program?

______ (3) Is there availability of trainer and/or technical assistance to update the program?

______ (2) Does the curriculum respond to the drug(s) of choice identified in the district?

______ (1) Has the curriculum been evaluated on a readability scale and is it grade appropriate?

______ (3) Does the curriculum have a parental involvement component?

______ (2) Does the curriculum address the identification and utilization of community resources?

______ (2) Does the curriculum provide an avenue for student involvement which encourages bonding with the community through service?

Additional Community Specific Criteria:

____

____

____

ASSESSMENT
(10 Points)

Validation of curriculum that deals with drug education/prevention is becoming the most demanded area in drug education. The US Department of Education along with many other organizations are requiring that programs be evaluated for effectiveness in preventing and/or reducing drug use in the community. The following is a list of criteria that should be made available to the consumer prior to the purchase of any curriculum. Even though the curriculum may be accompanied by evaluative data, it is best to have an independent resource examine and verify the information. If your organization does not have an in-house resource, your State department of education, a university, or a college can be of assistance in locating an expert in your area to help with this component. Check assessment components present in the curriculum.

______ (2) The program was thoroughly evaluated for both validity and reliability prior to dissemination.

______ (1) The assessment was clearly linked to program objectives.

______ (3) The assessment shows evidence of changes in attitudes, behaviors, and beliefs toward drug use.

______ (1) The assessment shows evidence of reduction in drug use.

______ (1) The program provides for an on-going assessment by program implementors.

______ (1) The program provides an analysis model for the implementors to follow.

______ (1) The statistical method used to evaluate the studies was reliable.

GRADE-SPECIFIC CRITERIA
PRE-KINDERGARTEN THROUGH SECOND GRADE

Content

The most important part of the curriculum is the content. Using the checklist provided below, evaluate each criteria using a numerical value up to and including the possible total points designated in the parentheses preceding each criteria. These will be weighted and added on the summary sheet at the end of this instrument.

General (5 Points)

_____ (3) Meets district-specific objectives

_____ (2) Contains clearly stated, no-use philosophy and supports a total abstinence approach to alcohol, tobacco, and other drugs

Drug Information (15 Points)

_____ (1) Includes definition of drugs and teaches children to distinguish between foods, poisons, medicines, and drugs

_____ (1) Provides age-appropriate information on alcohol, tobacco, and other drugs

_____ (1) Addresses issues of following instructions and other safety rules pertaining to prescribed and over-the-counter medicines

_____ (1) Identifies person(s) appropriate to administer medicines

_____ (1) Provides information that medicines can be misused and harmful

_____ (1) Stresses the avoidance of unknown and possibly poisonous and dangerous objects

_____ (2) Emphasizes the importance of having good health habits—nutrition, hygiene, sleep, and exercise

_____ (1) Helps child to identify "safe" responsible adults—both in and out of school

_____ (2) Discusses dangers of harmful substances

_____ (2) Discusses issue that a child is not responsible for another person's use of alcohol and other drugs

_____ (2) Addresses how a problem with drugs affects everyone in the family

Personal/Social Responsibility (15 Points)

______ (3) Stresses that every individual is unique and valuable

______ (1) Emphasizes that the child is an important member of the family

______ (3) Stresses that the individual is responsible for his/her well-being and that parent and child share this responsibility

______ (2) Stresses that rules and laws are meant to help people to cooperate and that without them, life would be difficult

______ (1) Teaches concepts of sharing and relationship building

______ (1) Facilitates understanding of how one person's action affects others

______ (1) Demonstrates ways to protect children from strangers

______ (2) Builds assertiveness skills to assist children in saying "no" to things they have been taught are wrong

______ (1) Teaches children responsibility to tell appropriate adults about strangers, episodes and problems

Skill Building (15 Points)

______ (4) Self-esteem

______ (4) Developing healthy relationships

______ (3) Assertiveness skills/Peer refusal

______ (4) Decision making/Critical thinking

GRADE-SPECIFIC CRITERIA
THIRD THROUGH FIFTH GRADE

The content of the curriculum and its learning objectives should focus on the developmental issues that children are facing during this period. Consequently, although family is still an important influence, peers take on a greater role and exert a significant influence. Often, risk-taking behaviors such as experimentation with tobacco, alcohol, and other drugs may begin during this developmental period.

Using the checklist provided below, evaluate each criteria using a numerical value up to and including the possible total points designated in the parentheses preceding each criteria.

General (5 Points)

______ (2) Meets district-specific objectives

______ (1) Contains a clearly stated no-use philosophy and supports an abstinence approach to tobacco, alcohol, marijuana, crack, and other drugs

______ (1) Includes strategies to involve parents, family members and the community in the effort to prevent the use of tobacco, alcohol, and other drugs

______ (1) Promotes healthy, safe, and responsible attitudes and behavior both in and out of the school environment

Drug Information (15 Points)

______ (2) Contains alcohol, tobacco, marijuana, and other drug-specific factual information

______ (2) Stresses the unhealthy and harmful effects of drugs

______ (1) Demonstrates ways to identify specific drugs, (e.g., alcohol, tobacco, crack, inhalants, wine coolers, and other drugs)

______ (3) Educates why various drugs should not be used and the consequences of their use

______ (2) Stresses the fact that alcohol, tobacco, and other drugs are illegal, either for minors or all persons, and that they are against state law and/or school policy.

______ (1) Teaches specifically that tobacco, alcohol, and other drugs are illegal for minors to possess, use and/or distribute

______ (2) Promotes healthy, safe, and responsible attitudes and behavior

______ (2) Helps students to identify persons and institutions who can assist them in time of trouble

Skill Building (15 Points)

______ (3) Self-esteem/Self-concept

______ (3) Healthy relationship building

______ (3) Assertiveness/Refusal

______ (3) Decision making/Critical thinking

______ (3) Cooperative team processes

Personal/Social Responsibility (15 Points)

______ (3) Stresses the importance of obeying laws and the consequences of breaking them—especially those governing onset of legal use of alcohol

______ (2) Supports and emphasizes the value of positive role models

______ (3) Teaches students how to recognize and respond to social influences, such as peer pressure, advertising, and other environmental messages that promote drug use

______ (2) Educates about the concept of addiction, what it is and how it affects others, including family members

______ (2) Teaches the importance of getting help for someone (family, friends, self) who has a drug problem

______ (2) Demonstrates and teaches good citizenship practices

______ (1) Stresses the need for maintaining good health practices and the consequences of bad habits

GRADE-SPECIFIC CRITERIA
SIXTH THROUGH EIGHTH GRADE

The content of the prevention curriculum and its learning objectives should address the developmental issues facing children who are in this age range. Their rapid physical development often leaves them feeling uncomfortable, unattractive, and uncoordinated. These factors, coupled with the changes that are occurring cognitively and socially, often place the child in situations that are conducive to risk-taking and experimenting behaviors.

Using the checklist provided below, evaluate each criteria using a numerical value up to and including the possible total points designated in the parentheses preceding each criteria. These numbers will be transferred to the last page of this instrument under grade specific category.

General (5 Points)

______ (3) Meets district-specific objectives

______ (2) Contains a clearly stated no-use philosophy and supports an abstinence approach to alcohol (including wine coolers) tobacco, marijuana, and other drugs

Drug Information (15 Points)

______ (2) Includes knowledge of the characteristics and chemical nature of specific drugs and drug interactions, including but not limited to, alcohol, marijuana, tobacco, cocaine, crack, and other drugs

______ (2) Describes the physiology of drug effects on the circulatory, respiratory, nervous, reproductive, and immune systems

______ (2) Creates an awareness of the stages of drug addiction and the lack of predictability from one person to another

______ (2) Discusses how heredity and other factors impact a person's susceptibility to addiction

______ (1) Incorporates an awareness of the short-term and long-term effects of drugs on appearance and physical, mental, and social functioning

______ (2) Creates an understanding of how using drugs affects activities requiring motor coordination, such as operating vehicles or playing sports

______ (1) Examines the issues of the drug problem faced by society, the tactics society has adopted to fight the problem and the responsibilities individual citizens have in overcoming this problem on the local level

______ (1) Identifies the relationship between drug use and HIV-Acquired Immunodeficiency Syndrome (AIDS)

______ (1) Includes knowledge of local, state, and federal laws and policies regarding drug use—including school policy

______ (1) Identifies local resources that assist the community in eliminating drug problems

Personal/Social Responsibility (15 Points)

______ (3) Fosters developing sense of self-worth and appreciation of the positive aspects of growing up

______ (3) Encourages youth to think and behave as valued members of school, family, and community

______ (3) Foster drug-free living

______ (3) Encourages youth to become involved in school and community-related activities such as sports, service clubs, and other activities that promote drug-free lifestyles

______ (3) Develops awareness and resistance to messages that promote drug use—especially music, peers, and media

Skill Building (15 Points)

______ (3) Self-esteem/Self-concept

______ (3) Assertiveness/Peer resistance

______ (3) Decision making/Critical thinking

______ (3) Healthy relationships

______ (2) Personal responsibility

______ (1) Healthy alternatives

GRADE-SPECIFIC CRITERIA
NINTH THROUGH TWELFTH GRADE

The focus of the prevention curriculum at this age level should encompass the idea that youth in this age range are quickly becoming adult citizens. They are primarily concerned with individual identity, financial independence, deepening relationships, independence from family, and self-rule.

Using the checklist provided below, evaluate each criteria using a numerical value up to and including the possible total points designated in the parentheses preceding each criteria. At the conclusion of this section, transfer the numbers to the summary page.

General (5 Points)

______ (3) Meets district-specific objectives

______ (2) Contains a clearly stated, no-use philosophy and supports a total abstinence approach to alcohol, tobacco, and other drugs

Drug Information (15 Points)

______ (3) Incorporates an understanding of both the long-term and short-term physical, mental, and social effects of drugs

______ (3) Explores the relationship of drug use to related diseases and disabilities, including HIV/AIDS, learning disorders, handicapping conditions, birth defects, and heart, lung, and liver diseases

______ (3) Demonstrates an understanding of how alcohol, tobacco, and other drugs can affect the mother and fetus before, during, and after pregnancy (including lactation)

______ (2) Provides information regarding legal, social, and economic consequences of drug use, both for self and others

______ (2) Discusses international, economic, political, and social implications of drug use (including tobacco)

______ (2) Provides information on role expectations as consumers, role models, and partners in relationships

Personal/Social Responsibility (15 Points)

______ (15) Focuses on the fact that students are maturing young adults, and that, as such, they have a responsibility to be drug-free, well-educated, healthy, productive citizens

Skill Building (15 Points)

______ (3) Self-concept

______ (2) Peer leadership

______ (3) Communication/assertiveness

______ (2) Healthy relationships

______ (2) Decisionmaking/Critical thinking

______ (2) Personal responsibility

______ (1) Healthy alternatives

CURRICULUM ASSESSMENT SUMMARY

To use the assessment instrument to quantitatively assess the curriculum you are examining, use this page to add the points assigned to each section and divide the total by 250 (possible points). If you did not evaluate the curriculum using one of the grade specific components, divide the total points by 200 instead of 250. The resulting score will give you a percentage to use in comparing one curriculum with another.

Content

General (15) ____________________

Drug Information (30) ____________________

Personal/Social Responsibility (25) ____________________

Skill Building (35) ____________________

Organization (15) ____________________

Instructional Strategies (25) ____________________

Curriculum Materials (10) ____________________

Commitment to Time (10) ____________________

Community Specific (25) ____________________

Assessment (10) ____________________

Grade Specific (50) ____________________

Total ____________________

Divide Total by 250 ____________________ %

Procedure developed by Mary Beth Morton under sub-contract with Southeast Regional Center for Drug-Free Schools and Communities

The Hurt Building, Suite 210
50 Hurt Plaza
Atlanta, GA 30303
(404) 688-9227

Appendix A— RADAR Network

The Regional Alcohol and Drug Awareness Resource (RADAR) Network consists of State clearinghouses, specialized information centers of national organizations, and the Department of Education Regional Training Centers. Each RADAR Network member can offer the public a variety of information services. Check with the representative in your area to find out what services are available.

STATE RADAR NETWORK CENTERS

Alabama

Crystal Jackson
Alabama Department of Mental Health/Mental Retardation
P.O. Box 3710
200 Interstate Park Drive
Montgomery, AL 36193
205/271-9258

Alaska

Joyce Paulus
Alaska Council on Prevention of Alcohol and Drug Abuse
7521 Old Seward Highway
Anchorage, AK 99518
907/349-6602

American Samoa

Scott Whitney
Dept. of Human Resources
Social Services Division
Government of American Samoa
Pago Pago, AS 96799
684/633-4485
FAX: 684/633-1139

Arizona

Nancy Hanson
Arizona PRC
Extended Education
Arizona State University
Tempe, AZ 85287-1708
602/965-9666
FAX: 602/965-8198

Arkansas

Patsy Wagner
Office on Alcohol and Drug Abuse Prevention
P.O. Box 1437
400 Donaghey Plaza N.
7th and Main Street
Little Rock, AR 72203-1437
501/682-6653

California

Peggy Blair
State of California Department of Alcohol and Drug Programs
1700 K Street
Sacramento, CA 95814
916/327-8447

Colorado

Linda M. Garrett
Resource Department
Colorado Alcohol and Drug Abuse Division
4210 East 11th Avenue
Denver, CO 80220
303/331-8201, 303/331-8248

Warehouse

Attention: Linda Garrett
Division of Central Services
4200 Garfield
Denver, CO 80216

Connecticut

Louise Sullivan
Connecticut Clearinghouse
334 Farmington Avenue
Plainville, CT 06062
203/793-9791

Delaware

Sheri Russel
Office of Prevention Resource Clearinghouse
Delaware Youth & Family Ctr.
1825 Faulkland Road
Wilmington, DE 19805-1195
302/633-2539
FAX: 302/633-2565

District of Columbia

Karen Wright
Washington Area Council on Alcoholism and Drug Abuse
1232 M Street, NW
Washington, DC 20005
202/682-1700

Florida

Cindy Colvin
Florida Alcohol and Drug Abuse Association
1030 E. Lafayette, Suite 100
Tallahassee, FL 32301-4547
904/878-6922, 904/878-2196
FAX: 904/878-6584

Georgia

Marie Albert
Georgia Prevention Resource Center
Division of Mental Health
878 Peachtree Street, NE,
Room 319
Atlanta, GA 30309
404/894-4204

Guam

Barbara Benavente
Department of Mental Health and Substance Abuse
P.O. Box 9400
Tamuning, Guam 96911
671/646-9261, 671/646-9269

Hawaii

Sandra L.W. Lacar
Coalition for a Drug-Free Hawaii
1218 Waimanu Street
Honolulu, HI 96814
808/524-1111
FAX: 808/524-0570

Idaho

Phyllis Sawyer
Boise State University
College of Health Science
4162 N. Lafontana
Boise, ID 83702
208/385-0577

***Illinois**

Carolyn Murphy/George Dirks
Prevention Resource Center Library
822 South College
Springfield, IL 62704
217/525-3456
FAX: 217/789-4388

Warehouse

c/o Hillier Storage
417 N. 4th Street
Springfield, IL 62702

Indiana

Barbara Seitz
Indiana Prevention Resource Center
Indiana University, Room 110
840 State Road, 46 Bypass
Bloomington, IN 47405
812/855-1237
FAX: 812/855-4940

***Iowa**

Tressa Youngbear
Iowa Substance Abuse Information Center
Cedar Rapids Public Library
500 First Street, SE
Cedar Rapids, IA 52401
319/398-5133
FAX: 319/398-0408

Warehouse

American Storage
c/o T. Youngbear
401 1st Street, SE
Cedar Rapids, IA 52401

Kansas

Judy Donovan
Kansas Alcohol and Drug Abuse Services
Dept. of Social and Rehab. Services
300 S.W. Oakley
Topeka, KS 66606
913/296-3925
FAX: 913/296-0511

Kentucky

Dianne Shuntich
Drug Information Service
Division of Substance Abuse
275 E. Main Street
Frankfort, KY 40621
502/564-2880

Warehouse

Pamphlet Library
Frankfort Habilitation
3755 U.S. 127
South Frankfort, KY 40601

Louisiana

Sanford W. Hawkins, Sr.
Division of Alcohol and Drug Abuse
P.O. Box 3868
Baton Rouge, LA 70802-3868
504/342-9352

Street Address

1201 Capitol Access Road
4th Floor, East
Baton Rouge, LA 70821-3868

***Maine**

Earle Simpson
Maine Alcohol and Drug Abuse Clearinghouse
Office of Alcoholism and Drug Abuse Prevention
State House Station #11
Augusta, ME 04333
207/289-2781

Mel Tremper
Office of Substance Abuse
State House Station #159
Augusta, ME 04333
207/289-2595
FAX: 207/626-5555

***Maryland**

Standola Reynolds
Alcohol & Drug Abuse Admin.
Department of Health and Mental Hygiene
201 W. Preston Street, 4th Floor
Baltimore, MD 21201
301/225-6543

Massachusetts

Donna Woods
Massachusetts Information and Referral Service
675 Massachusetts Avenue
Cambridge, MA 02139
617/445-1500, 800/327-5050

Michigan

Gail Johnsen
Michigan Substance Abuse and Traffic Safety Information Center
2409 E. Michigan
Lansing, MI 48912-4019
517/482-9902
FAX: 517/482-8262

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* National Prevention Network (NPN)/National Association of State Alcohol and Drug Abuse Directors (NASADAD) Representative

Minnesota

Mary F. Scheide
Minnesota Prevention Resource
Center
2829 Verndale Avenue
Anoka, MN 55303
612/427-5310, 800/233-9513

Mississippi

Anne Goforth
Mississippi Department of Mental
Health
Division of Alcoholism and Drug
Abuse
1101 Robert E. Lee Building,
9th Floor
239 N. Lamar Street
Jackson, MS 39207
601/359-1288

Missouri

Randy Smith/Jeanne Massic
Missouri Division of Alcohol and
Drug Abuse
1915 Southridge Drive
Jefferson City, MO 65109
314/751-4942
FAX: 314/751-7814

Montana

Nancy Tunnicliff
Department of Institutions
Chemical Dependency Bureau
1539 11th Avenue
Helena, MT 59620
406/444-2878

Nebraska

Laurel Erickson
Alcoholism and Drug Abuse
Council of NE
650 J Street, Suite 215
Lincoln, NE 68508
402/474-0930, 402/474-1992

Malcolm Heard
Division Alcoholism and Drug
Abuse
P.O. Box 94728
Lincoln, NE 68509
402/471-2851

Street Address

801 West Van Dorn
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